PSS Stakeholder Meeting- 27 October 2025

0:02
Division of Program development and we still have quite a bit of people coming in.

0:07
So we're letting letting folks in.

0:09
We should be able to see my screen shows on the opening page.

0:16
All right, so as a reminder, AI bots and transition tools are not permitted to the US of AI meeting bots and the Commonwealth hosted meetings that prohibited.

0:25
So this is just a reminder those things will not be allowed or be used.

0:36
So as we begin today's meeting, if you could please type in your name and organization into the chat feature, that would be great.

0:45
That way we can capture the information.

0:47
Participants should have their microphone on mute.

0:50
That helps with any feedback, noise feedback we may get.

0:55
Please use the raised hand feature when you have questions.

0:59
We'll try to take some as we go along.

1:00
I know we have certain amount of time set aside for the presentations on how much they would take.

1:06
So if there will be a point where say we'll need to move on, but we will still capture questions in the chat.

1:15
And like I said here, please use the chat feature.

1:17
So we use to capture questions, opportunity to respond to questions.

1:21
All right, Jenna, for today like our introductions, there are other people who'd be speaking today.

1:28
I just like to point them out.

1:30
I will be talking about the certified recovery specialist listening sessions on MyOMHSAS Doctor Amy Sagen from our team, she will be talking about that.

1:40
Crisis intervention services will be presented by Jill Stemple and Tara Pride, the part of our team and then we'll have some questions at the end.

1:52
So listening sessions that have occurred with the certified recovery specialist, we wanted to look more in the opportunity for just to see if how we would go ahead about or the idea of having the services that are provided by certified recovery specialists paid through the medical Assistance Program, in particular to have it on the state plan as a state plan service.

2:23
So we work with Mercer into holding 6 virtual listening sessions that were in September and October to gather information from the stakeholders.

2:36
You know more about like how the services are being provided, what are some apprehensions or what are some really good points to move it into a state plan service.

2:46
And so these are really good meetings.

2:50
There were several things that did come out of that we were exploring, you know, service delivery, documentation, billing of for services that are provided by the specialist.

3:09
One of the things we did talk about in there and and is the idea of the in lieu of service.

3:16
So currently, right now, services are provided by a certified recovery specialist, are provided through and in lieu of service within the state.

3:30

In lieu of service is a service that isn't already on the state plan, but it is covered through medical assistance, but not the same way.

3:39
So what it does is allows managed care plans to have certain services that they're looking at in their areas to be provided for.

3:50
And so that was that opportunity that we have had throughout the state.

3:56
There are a lot of services that are provided by a certified recovery specialist.

4:02
So it is pretty well throughout the region or throughout the Commonwealth.

4:08
There were 212 individuals who attended the listening sessions.

4:14
So these are individuals who represented various areas that would be those certified recovery specialists themselves.

4:23
Also those supervisors.

4:25
We had folks from behavioral health, managed care organizations, primary contractors, we had providers as well as county representatives and single county authorities.

4:40
We had a pretty good representation of stakeholders from rural and urban areas of the state.

4:47
There were 9 hours of feedback that was obtained, so Mercer will be taking a look at that feedback and providing information to us.

4:57
In particular, there was an anonymous survey that was accessible for individuals who attended the session to be able to provide feedback.

5:08
Of those surveys, there were 92 that were completed and as I noted, Mercer is gathering that information to provide to us.

5:22
Before I do go on to the next slide, I apologize.

5:24
A couple other things regarding the listening sessions.

5:29
Myself and other staff from OMHSAS as well as from the Department of Drug and Alcohol Programs were able to be a part of those listening sessions and it was really good information that was shared.

5:42
I know in particular that we want to or that came out of it.

5:48
I just want to share was so the services within the in lieu of service with certified recovery specialist.

5:58
There's concerns about flexibility of those services on how they're provided right now.

6:04
You know, an opportunity for them to be provided upfront.

6:07
They're, they're embedded in a lot of places just like certified peer specialist are the CRSS are not necessarily traditional as a, as a medical service.

6:21
And, you know, upfront regards to our referral process, like if it would go into the state plan, just like certified peer specialist, we would have to have a licensed practitioner of the hearing arts that would be looking at being able to order those services.

6:38
So we'd like I said, we did we hear a lot of good information.

6:41
There was also a lot of good support about, you know, making it available for folks across the state.

6:47
And so once we get, we get more information and as we from Mercer of the surveys and, and, and go through it, we'll be able to provide more information later.

6:59
But I wanted to let you know that those sessions did occur and we were really excited about just the participation and, and the feedback that we get from it.

7:09
So are there any particular questions about it?

7:14
Is there anything in the chat that I may have missed?

7:21
I'm in the chat, Barry.

7:23
OK.

7:24
All right.

7:25
Thank you.

7:25
So then what we'll do is we'll go ahead and move to the next.

7:32
This will be on my own switch training modules.

7:36
So this I'll sort of give over to Doctor Sagan.

7:42
Doctor Sagan, want to take it away on that.

7:44
All right, Thank you.

7:48
What I want to do today is just say welcome, happy Monday.

7:51
I'm Doctor Sagan.

7:52
I am a social worker, a gerontologist and also a certified peer.

7:56
So my goal today is to give you an immersive experience.

8:01
So I'm going to move away from this, the PowerPoint and show you what MyOMHSAS, which is our electronic learning management system can do and can offer you and clients and the community.

8:13
So I'm going to share.

8:18
Can you see my screen that says new courses available?

8:21
Perfect.

8:23
So I don't know how many of you have gone to MyOMHSAS.org.

8:28
It is our learning management system.

8:30
This is the home page that you would be brought to.

8:34
There are different posts that come up about what is new on the site, so please come back often as we are continually adding new information to this website.

8:46
Some of the things that I would like you to know is that this is free as long as you have a computer and Internet connection.

8:52
It can be at a library, it can be at home, it can be at a school.

8:56
And our goal is to make this available to anyone to provide both information and to provide training.

9:04
So with that being said, the free stuff right now is under resources.

9:12
So resources free, which I mean is you don't have to log in.

9:15
So this is UN logged in.

9:17
You don't have to give your name or anything like that for resource your call.

9:24
So within the resources we have several things.

9:29
Some of them are to show out the pure stuff.

9:34
We have the bridge program, so we have different pieces of information and videos.

9:40
Most of these are 1 to 4 minutes long, so you can kind of just go in access and see what's there.

9:46
There are other things in the fruit.

9:47
In the non logged in section there is an hour presentation on immigrant and refugee.

9:54
There's presentations and PDFs and manuals on trauma informed supervision.

9:59
So please take a moment and come look at this section.

10:03
Another section I want to bring your attention to is the communication.

10:08
This is going to be where we have information about upcoming events, stakeholder meetings, other meetings and things like that.

10:15
So it's more going to be like a calendar or it could be new regulations that are just things that are new.

10:23
That way it won't get lost.

10:26
The crux of the time that I want to spend with you for the next few minutes is with the courses.

10:32
So these courses, you must have a login, which is basically your name, what type of field or what person?

10:39
How are you coming to us?

10:41
Are you a professional?

10:42
Are you a family member?

10:44
Are you a community member?

10:46
Maybe you're a neighbor and just, hey, something happened down the street and I want to know a little bit more within the mental health system.

10:54
So this is where courses lie.

10:57
What I would like to show you is on this, you have many different ones and I can take oops take into the access e-learning.

11:07
So these are the current ones that we have right now within crisis.

11:11
Some things that might be of interest to you, overdose recognition, recovery principles.

11:19
We also have suicide prevention and I'll go into one of these just as a quick show.

11:26
We have mental health Emergency Management.

11:28
There's five different hour long presentations such as psychological first aid, understanding vicarious trauma, and we had the the certified peer specialist, which provides us information on confidence and conversations.

11:43
So helping people with job interviews.

11:45
What do I do, what do I say, what do I need to bring with me?

11:48
And then from lived experience to purpose, overcoming imposter syndrome.

11:53
Since these are courses and not just resources, it will ask you once you click in to log in.

12:01
So give me one second and all of the courses will provide you with an overview so you have a little bit more information about what this is going to be doing, your author, the audience, some objectives, the structure.

12:23
Every course will have a presentation.

12:26
These presentations are hopefully interactive.

12:28
So you might have to flip over some cards, do some matching, watch a scenario, things like that.

12:35
Every course will then have just a quiz to say, did you learn something from this and a survey.

12:41
The good thing about having to have a login is if you wish to stop some stop a course in the middle because hey, I don't have enough time to finish this.

12:52
If you're logged in with the courses, it'll bring you back to this place where you finished or where you kind of left off.

12:58
It also gives you a certificate of completion.

13:01
So if an employer or someone would like to say, hey, did you take the course, you can go into your transcripts and then just print out a certificate of completion.

13:11
MyOMHSAS is growing.

13:13
We are working really hard to get pieces of information, resources, and courses that are relevant to you.

13:23
So I think that covers most of my stuff.

13:27
I just wanted to give you a quick visualization of it.

13:30
So please go to MyOMHSAS.org and see what we have to offer there.

13:37
Any questions?

13:40
I know that went really fast.

13:41
You do have information in the PowerPoint that Barry had that gave you a few pieces of information as well.

13:48
And we'll we'll go, we'll just like do a refresher of on some of those slides real quick then.

13:55
But the one question that they come up got answered matter of fact, you, you went over it.

13:59
So we're really good.

14:02
Excellent.

14:02
And if at any point you have any issues logging in on the front page, there's a customer service center that's open during the week, Monday through Friday.

14:11
So if you have trouble logging in or if something's locking you out or you can't get past a certain screen, please contact them.

14:18
They're very receptive and helpful.

14:21
And there is a question from Tracy.

14:23
Sure, help Tracy draw mute should be able to take yourself off and mute.

14:32
I didn't even realize that it didn't show up here.

14:35
So anyway, this is terrific thank you so much.

14:38
I was wondering since we're going to be hopefully soon having an emergency behavioral Health Center like a crisis center where peer support is going to be the focus for the certified peer specialist in the under the crisis list.

14:53
Would that be, I mean, I'm assuming yes, but if they have a login, would it be open to anyone who is not ACPS?

15:00
Yes, yes, great.

15:02
These courses are open and trying to just educate and inform people.

15:06
So everyone is better in society.

15:08
Yes, thank you.

15:11
You're welcome.

15:13
Thank you, Tracy.

15:14
It was a good question.

15:18
All right, so I'll go ahead and share my screen again.

15:26
So just as a refresher, here's the link to the MyOMHSAS.

15:31
So at MyOMHSAS.org where the trainings can be obtained, once again, username, password must be created and then the transcript will be available for increased accessibility.

15:43
And just once again, they do have a final quiz and certificate for completion and, and Doctor Sagen showed a listing of what's there as well as on this screenshot there is, you know, shows that as well.

16:03
And just in particular, once again, recovery principles, mental health and Emergency Management, confidence in conversation and from live experience to purpose.

16:15
So now we'll move to crisis intervention services, Joe Barry.

16:22
So Tara's gonna do the vocalist presentation and get into the specifics of what are in our regulations.

16:29
But we are really excited to have our crisis licensing regulations up for public comment right now, today.

16:37
For those of you who've been following along in that process, that has been a long journey to get there.

16:41
That has been about four to five years of work for our team to do the drafting and the work groups and get it approved through all the very many people who need to approve that to get it to this place.

16:54
So we're really appreciative to Tara and the rest of the team who worked on that.

16:59
I want to make sure that folks are aware that of kind of the high level process for Reg development in Pennsylvania.

17:07
If you're not, we have a 2 step process.

17:10
The first section is going out as proposed, which is what these regulations are doing now, meaning that these are not final regulations.

17:18

This is the opportunity for all of you to weigh in and comment on what we have come up with so far before we go to Part 2, which is final form.

17:27
And these regulations actually become regulations that we enforce here in Pennsylvania.

17:32
And that's really important.

17:34
I want folks to be aware that this public comment period is not a performative public comment period.

17:40
It is not simply because statute tells us we have to have a public comment period.

17:45
We want to really strike a balance in these regulations between the federal best practices, which is what we based the proposed on, with what really works here in Pennsylvania and what's feasible for our system.

17:58
And really the only way we're going to be able to strike that balance is from hearing from all of you about what will work in your communities and what the needs in your communities are.

18:08
So we really encourage you to take time to read The Reg package.

18:12
I know it's quite long.

18:13
It's 150 some pages you can control F and kind of skip around to the the parts that are most relevant to you if it's a little overwhelming to read the whole thing, but your comments coming in really are going to make a difference.

18:27
We already have a list of things we know we want to revisit on the final form having had these regs kind of out of our hands for the last year and change.

18:36
Going through the review process, we've heard some things from the field as Steve from my team has been going around a meeting with providers, as we've been participating in various stakeholder meetings.

18:46
But really we need you all now that that language is out there to tell us what you're seeing, what you

think will work so we can make these final form regulations, the best version of these regulations for Pennsylvania.

18:59
The other thing I really want to flag as you're making comments or you're encouraging folks that you serve to make comments is we are required by statute to post every comment to the Independent Regulatory Review Commission website with the name of the commenter attached.

19:16
So we 100% welcome folks sharing from their lived experience, but we want that to be trauma informed and not have folks put things up there that they're not comfortable being on a public facing website with their name attached to that comment.

19:30
So please feel free to comment, but make sure you're comfortable with your comment being public.

19:35
If there's something you really want to share with our office that you are not comfortable putting in writing and having published in that way, please reach out.

19:43
Let us know.

19:44
We're always happy to have a member of our team get on a quick call with someone and hear that verbally in a way that doesn't necessarily have to share your personal story in a way that you're not comfortable with.

19:56
The comment period I'm seeing that question in the chat is 30 days.

20:00
It opened on 10/18 and it will run through November 17th.

20:05
So we're going to have, I'm going to turn it over to Tara so she can talk a little bit about some of the specific things that are in those regulations and particularly what that what the regulations change for peer.

20:18
Hi, my name is Tara Pride and I work.

20:21
For the OMHSAS Policy Unit and as Jill said, we recently had our Chapter 52 fifties proposed rulemaking package for the licensure of crisis intervention services regulations.

20:34
It was recently published in the Pennsylvania Bulletin this past October 18th, 2025.

20:40
The 30 day public comment period begins October 18th and ends November 17th, 2025.

20:48
And for those who are interested, I'll share the contact information for those that are interested in participating later in this presentation.

20:56
Can you go to the next slide please?

21:03
So basically first question we need to ask is who do these crisis intervention services regulations impact?

21:10
They're going to impact individuals, which includes adults, youth, children, anyone who receives behavioral health intervention crisis services.

21:20
And right there in that handy dandy box, it lets you know what we're going to be calling these modalities.

21:29
We have 5 different modalities of crisis intervention services that could be provided.

21:34
The first column there addresses what we referred to that service in the 1993 draft guidance which never ended up being promulgated.

21:46
The second column there is what we propose to call it under these new regulations, the Chapter 52 fifties.

21:52
So for instance, telephone under the 1993 is now going to be called crisis call centers.

21:57
You'll see that medical mobile crisis and medical mobile crisis, they're they're going to be the same thing.

22:03
Walk in centers as they were known under the 1993 draft are now going to be known as emergency behavioral health.

22:10
Walk in centers and residential as per the 1993 draft is now going to be known as crisis stabilization Unit services.

22:20
And right there just as a handy dandy tool to let you know about how many different providers and locations this effects.

22:27
This is our data as as of a month or so ago.

22:31
So this is this is who all it's likely going to be affected, these licensed providers.

22:39
Can we go to the next slide please?

22:42
So our proposed regulations add 2 new definitions that relate to peers.

22:47
We have certified peer professional and peer run crisis stabilization unit.

22:52
So certified peer professional is an individual who holds, who holds certification in good standing from the state approved certification entity to deliver peer support services to an individual, the individual's family or both who are impacted by mental illness, substance use disorder or both.

23:09
And when we look at that definition there the state approved certification entity as referenced is the certified, is the Pennsylvania Certification Board.

23:21
We basically used a more generic term just in case something should change, you know, years from now.

23:27
But currently that is the Pennsylvania Certification board.

23:30
We also offer the definition for peer run crisis stabilization unit.

23:35
And keep in mind crisis stabilization unit is the term that's replacing the term crisis residential.

23:41

So a peer run crisis stabilization unit is a form of crisis stabilization unit services for individuals in crisis that are primarily staffed by certified peer professionals who are supervised by a crisis intervention service behavior health professional.

23:57
And this term is also known as crisis respite.

23:59
Let me go to the next slide please.

24:03
So now we're going to go into staffing requirements.

24:07
Can you advance the slide please?

24:08
Thank you.

24:10
So right here, these are the four staffing mode out or the staffing terms that we're going to be using in the new regs.

24:21
You'll notice that these four positions differ from the 1993 draft.

24:26
The 1993 draft positions were medical professional, mental health professional, crisis worker, medical assistant and service aid slash mobile aid.

24:37
And per the 1993 draft, peers were not included in the regulations.

24:44
So you'll also notice that we're changing the term from mental health to behavioral health, and that's intentional.

24:52
We're updating our language from the 1993 draft and right there in the yellow highlighted portion, you'll notice that certified peers are now going to be recognized as crisis Intervention service

25:07
services are going to be delivered by two person teams staffed by any combination of crisis Intervention service licensed behavioral health professionals, crisis intervention service behavior health professionals and crisis intervention service crisis workers.

25:24

So this means that certified peers can now participate as members of the two person mobile crisis teams.

25:30
Can we please go to the next slide?

25:37
And then, you know, of course, with new staffing requirements, we also have some training requirements as well.

25:44
So all of these, this required training will be applicable to all the crisis intervention service staff, interns and volunteers.

26:01
So that's OK.

26:02
I just wanted to make sure we were all on board.

26:06
So basically you'll notice there in the first row, it'll be a requirement to maintain certification and first aid, obstructed airway techniques and CPR.

26:16
They have to maintain certification in the administration of overdose reversal medications.

26:23
There's also going to be 4 hours of initial orientation within the 1st 10 scheduled working days, and initial orientation includes things such as de escalation techniques, suicide risk assessment procedures, trauma informed care, and other training as published by the department as a notice in the Pennsylvania Bulletin.

26:46
There will also be required to have 8 hours of training within the first four scheduled working weeks and there must be a minimum of 12 hours of annual training.

26:57
Annual training topics can include something, some things like the crisis intervention, service providers, policies and procedures, emergency preparedness, universe, universal precautions, recovery principles, harm reduction, special population, human development across the lifespan, a whole bunch of topics.

27:20
I believe we have 21 listed in the regulation, so I'm not going to go through all of them.

27:24

It's very exhaustive, but there is a multitude of training topics that can be selected and then each staff member has to have a training plan that shows that they are in compliance with all of the training requirements.

27:41
One thing that's also very nice that I, I think that we build into our regs is that when staff change jobs we have, if they have completed the required initial training within the past year at another another crisis intervention facility, the requirement for initial training does not apply if the staff person can provide written verification of completion of the training.

28:10
So let's say a staff member started at Agency X, went through all of their initial training, maybe they were there for a few months and then, you know, they, they transfer to work in another facility called facility Y.

28:24
If they have evidence that they did all of their initial training at facility X, they could show that to facility Y.

28:31
And then this way they don't have to take it again, the initial training again at facility Y and they can, you know, get on the, the floor more easily and start to be able to actually provide services.

28:45
Can we go to then?

28:46
Oh, like I said, oh, and I just want to for reunification purposes, as Doctor Sagen had said earlier, OMHSAS is making many of the required trainings for free through MyOMHSAS.

28:58
So I just want to reference that as well.

29:01
If we can go to the next slide, please, we're going to talk about crisis stabilization unit services.

29:09
So this is a specific section in the regs that just pertains to those facilities that offer the modality of crisis stabilization unit services.

29:20
And as you know, a crisis stabilization unit service offers the following kinds of services.

29:25
So they're provided 24/7, 365.

29:29
It's an intensive crisis stabilization service for individuals experiencing a behavior health emergency.

29:35
They provide for continuous supervision for an individual and they offer a temporary place for an individual to stay for relief from a stressful environment or for ongoing stabilization until or until other arrangements are made.

29:50
And you'll notice here we have built in a specific regulation just pertaining to peer run crisis stabilization unit services.

30:01
And as you know, currently pure run crisis stabilization units currently require multiple waivers of regulation in order to operate.

30:11
So our proposed rulemaking incorporates exemptions directly into the regs for these types of facilities.

30:18
So thereby it will eliminate the need for multiple waivers.

30:22
And as the first bullet point there you can see exemptions include record keeping, board, food counseling, medication administration and staffing.

30:33
We also have a requirement in there that peer run stabilization unit services must have access to a crisis intervention service licensed medical professional or crisis intervention service licensed behavior professional at all times.

30:48
And a peer run crisis stabilization unit must have a minimum of two staff at all times with a 1 to 4 staffed individual served ratio and the 2 minimum staff shall be certified peer professionals.

31:02
And the last thing again, we, we just, you know, had about that little breakout session of tears into the regs.

31:10
But again, for anybody who wishes to participate, our 30 day public comment period will end November 17th.

31:19
Like Jill said, be aware that all of our comments are posted on the IRKS website and if you have, if you

are interested in participating that right there is our e-mail account where we will be taking all all comments for the proposed rulemaking package and we'll be processing them from there.

31:40
Thank you.

31:44
Thanks Tara.

31:45
And I did put the link to the both the full package on the Eric website as well as that e-mail address in the chat for anyone who wants to be able to click on the hyperlink easier.

31:56
We have one question in the chat from Tracy.

31:59
Does the sys behavioral health professional need a specific title or requirement such as to serve as an LPHA?

32:06
Barry, are you able to go back to the staffing slide a couple, I think two or three back.

32:15
Keep going.

32:16
Yep, that's the one.

32:18
So there's a distinction being made here between the licensed behavioral health professional versus a behavioral health professional, and that is to comply with that licensed practitioner, the healing arts Medicaid requirement.

32:32
So we're sort of separating out those two functions in this version.

32:36
So it's clear who can serve as that LPHA to get Medicaid billing versus who can work in the system, which kind of both of them can work and do delivery of services, but only those licensed professionals can qualify for the Medicaid payment piece of it.

32:53
Thank you.

32:54
I have a quick question.

32:56
My big concern was who would be a supervisor of a peer of the peer supporters, CPSCRS, and for example, would it normally be the first choice, Would be one of the crisis the licensed or would it be the first choice, if that makes sense, of the CIS behavioral health professional to supervise the peers?

33:22
Yeah, we don't get into that level of detail.

33:25
We just set the minimum standard and the minimum standard is the behavioral health professional 'cause that's the lowest, you know, next step up, the facility can opt to, you know, overqualify that person and have it be a higher level staff member if they'd like.

33:41
But our regulations kind of as always, are setting what's the lowest bar.

33:46
Essentially, that's what our goal is.

33:49
Thank you.

33:50
Yep.

33:50
And Lynn has her.

33:51
Oh, go ahead, Barry.

33:52
Sorry.

33:53
No, you're right.

33:54
Just to say man has a question.

33:59
OK.

34:00
I'm sorry, I misunderstood.

34:02
Yeah, my name is Lynn Cooper.

34:04
I'm with the Pennsylvania Association of Area Agencies on Aging.

34:07
And and thank you again, Tara, for all your work on this for these years.

34:13
And my question is, and when you talk about this training, and I had some brief conversation with Steve Ross about this, but my concern is how do we assure that some of this training includes our crisis workers understanding the unique needs of older adults?

34:36
And one thing, for example, just a simple is a bulletin that was sent out by MyOMHSAS in August of 22 that clarifies.

34:49
And thank you, Tara.

34:50
I'm so glad you know what that clarifies that you, a crisis worker or any worker really can't assume that it's dementia and needs to do an appropriate assessment.

35:06
It it also clarifies that dementia and mental illness can be coexisting.

35:12
And this has been a huge problem for area agencies on aging over the years and working with crisis programs that crisis programs wouldn't want to go out because their perception was that this was a dementia issue.

35:28
And I'm, I'm just wondering and not only that, but the E Force Center, center of excellence in addressing the disparities that exist or older adults, they came up with a set of modules for the 988 operators and they just recently translated those into modules for in person contact.

35:57
What are the odds of those kinds of tools being utilized here and how do we assure it happens?

36:04
I'm even with the 988 operators, you know, I ask often how many people have been trained to serve older adults.

36:11
And it really is important, you know, we can't just ignore the unique needs of older adults there.

36:18
There are some considerations that need to be made when someone goes out.

36:24
Yeah.

36:24
Thank you, Lynn.

36:25
So I will just share my screen for a second.

36:28
I have the MyOMHSAS crisis certificate program up and this is still a work in progress.

36:35
We are doing this actively while we're also writing the regs.

36:37
So this is not complete, but the courses that are done are already up here and already accessible.

36:44
So one of the things I want to call attention to it that is already up there is we do have a module on preventing AEGIS practices in the crisis services that is already live.

36:55
As to the E4 center trainings, we are certainly are welcome.

37:00
Like we would encourage folks to do that.

37:03
It's not something we would include in regulations.

37:05
We never want to specify the name of a specific training or a specific training vendor in regulations.

37:12
I think as folks can probably understand, we last touched these regs in 1993.

37:18
Likely some of the trainings and training vendors that were around in 1993 don't no, I and I didn't, I

would never, I would never suggest that that you include any name of frankly anybody but proposition to do that.

37:34
No, no, no, I I didn't mean to imply that in any way.

37:37
I'm and I am, and I appreciate ageism.

37:41
I think ageism is critical, but unless it talks specifically about some of the important nuances, it's not going to address what I'm trying to get across.

37:54
Yeah, I, I think we're happy to think about more ways that we can incorporate that training on the MyOMHSAS platform or in other venues with our providers.

38:04
I don't know that I have an exact answer of what that would look like today, but it's it's something we're open to having conversation about for sure.

38:12
Thank you.

38:12
Thank you very much.

38:14
Absolutely.

38:16
Any other questions on the crisis regulations?

38:26
I will add one more thing for folks awareness.

38:30
You know, there's I think a very natural tendency for people to comment on things that they don't like and tell us what they hate.

38:39
And that's understandable.

38:40
I get it.

38:41
That's where we prioritize our time to things we think we need to fix.

38:44
It is also really genuinely helpful to us as MyOMHSAS to push changes through when we have comments of support, because we'll need to summarize these comments.

38:53
We'll need to go back through in the preamble and say 10 commenters told us they didn't like this standard.

39:00
And if that's all we're hearing from the people who don't like it, not the people who see the value in it, then those voices get drowned out.

39:08
And that's sort of where the General Assembly and the Independent Regulatory Review Commission is gonna expect us to shift.

39:16
So it is really helpful if you can also tell us, boy, I really support this change.

39:21
I'm really glad to see peers are being added here.

39:24
I'm really glad to see the peer stabilization centers being called out.

39:28
Things like that, even if they're very short and sweet, do have an impact.

39:32
And that's very helpful to us.

39:33
So we're open certainly to hearing constructive criticism on the package.

39:38
But I'd also love to encourage people to think about where they can weigh in and say we really like this piece.

39:45
That's that that will carry weight in the final form package and help us get it across the finish line.

39:52
If there's no other questions on the regs, then I think we can turn it back over to Barry.

39:57
OK, Yeah, I I put back just as you were talking, Joe, I was just like, well, maybe, you know, that might trigger some folks in regards to only necessarily true, but thing they might think about.

40:08
Yeah, wanting to comment.

40:10
So just wanted to share once again.

40:13
Arrow in the RA account that can be used large for the public comment period and now we just have it.

40:21
If you have any questions, are there any questions regards to what was presented today?

40:27
So in this slide, if you do have any future questions or you know we're always trying to take feedback in regards to these quarterly meetings that we will have.

40:37
I don't have a date set yet, but it will be within we're probably looking around February via next quarterly meeting.

40:44
Hopefully by that time that there were you know we'll be able to hear at least with the budget where we're at with that.

40:56
And but here, here is the RA account in particular for any questions, please send to that account and that way we can you know, address or answer any questions through there.

41:14
All right.

41:15
So I don't see any.

41:16
Oh yes, Tracy, of course.

41:19
Thanks.

41:19
So I know we were going to end early.

41:22
So I didn't know if this was the end of the one hour, but I, I was wondering if the CRS in plan was going to be updated or talked about.

41:33
We're going to get an update on that.

41:35
Yes, in the in, in the future you will get an update on that.

41:39
So like I said, right now we're at where we just had those listening sessions and we're getting information back from Mercer.

41:46
So it'll take us time to go through that.

41:49
And I just like I told people during the listening sessions, you know, this is this is not a fast process in any means.

41:56
And we're being very cautious as we're walking through it.

42:00
We really want them, you know, truly understand what the field is looking like.

42:06
And is there really a benefit for us to move it for in state playing service?

42:12
So like I said, there was a lot of good feedback.

42:14
So yes, there will be updates in in upcoming quarterly meetings on it.

42:22
Careful.

42:22
Thank you.

42:23
Yep.

42:26
Was there a question in the chat?

42:28
There's a question about the regs in the chat.

42:29
Yes.

42:29
So once the public comment period is scheduled, that starts a clock ticking on Reg packages.

42:37
We have as long as we want to take to get, you know, drafting A proposed document.

42:42
But once we go out to public comment, we have two years from the close of that public comment period to have a final form regulation to the Independent Regulatory Review Commission for their approval.

42:55
So our clock on the crisis licensing package will start November 17th when the public comment period closes and our outside timeline for that package will then be we have to be final form finished in front of the URC by November of 2027.

43:12
I don't know if we'll take the full 2 years.

43:15
There is a lot of work that does have to be done in that time period.

43:18
2 years I know sounds very very long from the outside and I totally understand why people don't think like Boy OMHSAS is just sitting around taking forever on that package.

43:30
We would expect we'll get probably over 1000 comments on this package based on what we've received on similar packages in the past.

43:38
So what we will have to do from there is take those back, sort them out into what specific part of the rig they are talking about.

43:46
We will need to make decisions on which ones we're going to make changes based on which ones we can't make changes on potentially because that would, you know, violate federal law, things like that.

43:55
We have to respond to those comments in writing in the preamble for the final form package.

44:01
If we're making significant changes based on the comments, oftentimes that means we have to go back and do a new fiscal analysis of the package to estimate how much it's going to cost because that information has to be included in regulations packages.

44:16
And then once we have done all of those steps, we have to have it approved by the department level, the governor's office level, and then back to the ERC.

44:26
So while two years seems like a quite long time, it will be very full and there will be a lot to do in there.

44:33
Our goal is to get it a little bit before November of 2027 so that we have time to revise it if necessary.

44:39
Sometimes the ERC doesn't approve the first time around.

44:43
They want you to go back and make changes.

44:44
So if possible, we'll leave ourselves a little breathing room to do that.

44:48
But it will probably take at minimum 18 months to get back to the ERC to final form.

44:54
I would say so because there is a lot of work that's going to need to be done in between there.

45:02
So what?

45:04
Thank you, Joe Tracy.

45:05
Yeah, what I'm planning on doing is because we're recording this planning that it'll be out on the

department's website in particular where we're, where we have other stakeholder, I'm sorry quarterly stakeholder meetings.

45:21
I do want to apologize for the last quarterly meeting that we had.

45:26
Unfortunately I lost that recording.

45:28
It didn't, it didn't go well for the recording itself.

45:31
So this one we are planning to put out there.

45:37
Hopefully that'll be good.

45:38
And then what I may be able to do is I don't know if you ask me or you know, I could probably be able to provide you the presentation, OK, the slides itself, that would be helpful.

45:51
But that's where it will be for folks.

45:54
I don't have a specific time out on that, but I'm hoping that in the next couple weeks just because we have to run it through a couple folks to get it up on the the website.

46:03
So thank you.

46:08
All right.

46:13
So I do want if there aren't any other questions, I do appreciate everybody's time as we have the holidays coming up until we will have the next quarterly presentation.

46:25
Just wishing you the best and you know, we are, you know, continuing to really strive to see, you know, how appears are, well, not just how, but they are definitely as they are valuable to the services that we have out there and how we can really, you know, get peers in to strengthen the behavioral health system.

46:48

So I'm just excited about, you know, through our regulations and proposed regulations here with a crisis for the involvement of peers.

46:59
So I don't have anything else.

47:02
Anybody else from the team have anything?

47:03
No, thanks every time today.

47:08
All right.

47:08
Thank you, everybody.

47:09
I appreciate it.

47:11
Bye.