

- **Felicia Lopez Wright**

00:00:13

Hi! Everyone! It's now 3 P. M. Eastern time. You have joined the Webinar on the role of 9, 8, and supporting people with intellectual and developmental disabilities, or ivd

- to allow for additional sign-in past the hour. We will start in a couple of minutes.
- Hi! Everyone. Thank you for joining today's Webinar on the role of 98, and supporting people with intellectual and developmental disabilities. Or Id.
- My name is Felicia Lopez Wright, and i'm a senior policy analyst at the Council of State Government's Justice Center.
- I will be moderating today's Webinar, which is hosted by the Us. Department of Justice Bureau of Just assistance, or Bja
- to give you an overview of today's Webinar. First, we will do introductions of our speakers
- and provide a brief overview of the Bureau of Justice Assistance, the Council of State Government's Justice Center, the Justice and Mental Health Collaboration program and the National Center on Criminal Justice and disability.
- Then you will get into the content of this Webinar, which starts with an overview of the intersectionality between crisis response.



**Unknown Speaker**

00:02:48

disabilities and black, indigenous people of color. And then you will hear about 9 to 8 role and crisis response for people with Id.



**Felicia Lopez Wright**

00:02:56

and how 98 can be more inclusive.

- We will also have time for questions and answers before wrapping up



**Unknown Speaker**

00:03:02

the webinar



**Felicia Lopez Wright**

00:03:06

mit ctl, and just some housekeeping items before we continue anytime during the Webinar you can ask a question by clicking on the Q. And a button at the bottom of the screen and answering your question. This includes both technical and content-related questions 250.

- We will try to to reply to the technical questions in the chat as we go.



**Unknown Speaker**

00:03:23

and for the content related questions we will keep a list of them and address them at the end of the Webinar.



**Felicia Lopez Wright**

00:03:28

and we'll do our best to get through as many questions as possible for the Content questions if we're not able to get to your question, we will follow up with you afterwards via email.

- If you encounter any technical or audio problems there in the Webinar. You can see the information that we posted in the chat.



**Unknown Speaker**

00:03:43

Please understand that there are some technical issues that we may not be able to resolve.



**Felicia Lopez Wright**

00:03:47

We are recording the Webinar, and we will post it on our website along with the files within about one to 2 weeks.

- So, as you know. My name is Felicia Lopez Wright. I'm. A senior policy analyst within the Behavioral Health Division of the Csd Justice Center.



**Unknown Speaker**

00:04:03

and I primarily provide technical assistance to justice and mental health collaboration program grantees and support projects within our crisis system portfolio.



**Felicia Lopez Wright**

00:04:12

and we are really lucky to be joined by our expert presenters. Leanne Davis and Carly, and ponder. Leanne Davis is the senior Director of Disability and Justice Initiatives at the Arc of the United States.

- and Carly and Ponder is the Director of Disability Rights and housing policy at the Arc as well. and they are our expert presenters. They are really taking deep dive into this topic for today. I'm really excited to share guidance and information, and engage with you on this topic. So thank you again. Everyone for joining Today's Webinar.
- Here's an overview of their Council of State Governments, Justice Center or Csg Justice Center. We are a national nonprofit, nonpartisan organization that combines the power of a membership association representing State officials and all 3 branches of government with the expertise of a policy and research team



**Unknown Speaker**

00:05:04

that focuses on assisting others to attain measurable results.



**Felicia Lopez Wright**

00:05:08

and our staff develops research-driven strategies to increase public safety and to strengthen

- this slide describes a little bit more about our workflow and how we strive to reflect the Cs. 2 justice and our core values, which include a commitment to being independent and nonpartisan in every aspect of our work.



**Unknown Speaker**

00:05:28

providing rigorous trusted and high-quality analysis.



**Felicia Lopez Wright**

00:05:31

developing practical and innovative solutions, informed by data and research



**Unknown Speaker**

00:05:36

promoting collaboration and building consensus



**Unknown Speaker**

00:05:38

and being inclusive and respectful of diverse views, and experiences.



**Felicia Lopez Wright**

00:05:46

And this is again some more detail about our goals. So the overarching goals that guide our work at the Csd Justice Center are to break the cycle of incarceration, advance, health, opportunity and equity, and use data to improve safety and justice. One

- and here's our equity and inclusion statement. The Csg Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and tribal nations.
- we support efforts to dismantle racial inequities within the criminals and juvenile justice system by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical and the at times uncomfortable issues the data reveal
- Beyond empirical data we do rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance and improve outcomes across all touch points in the justice, behavioral health, crisis, response and re-entry system.
- the justice and mental health collaboration program is a grant program that is funded by the Bureau of Justice, assistance, and the goals. There are to help state local government and tribal organizations, improve responses to and outcomes for people with mental health conditions.



**Unknown Speaker**

00:07:02

or co-occurring mental health conditions and substance use disorders who come into contact with the criminal justice system



**Unknown Speaker**

00:07:09

and support public safety by facilitating collaboration among the criminal justice, juvenile justice and mental health and substance use disorder treatments.



## Felicia Lopez Wright

00:07:21

And here is an overview of Bja. So the mission of the U.S. Department of Justice Bureau of Justice Assistance, or Bja. For short.

- it is to provide leadership and services and grant administration and criminal justice policy, development to support local state and tribal justice strategies to achieve safer communities.
- Specifically, Bja provides funding to support law enforcement combat, violent and drug-related crime and combat victimization
- through the development and implementation of policy services and sound Grants management. Cja strengthens the nation's criminal justice system and restore security and communities.
- and I believe now I'm going to pass it over to Leanne from the Ark, who will continue with an introduction and an overview of all the amazing work within the criminal justice Space 150.



## Unknown Speaker

00:08:10

We in.



## Leigh Ann Davis

00:08:11

Thank you, Felicia, and welcome everyone to today's Webinar As Felicia mentioned. My name is Leanne, and I've been working at the arc of the United States for 26 years really focused on the intersection of people with intellectual and developmental disabilities.

- and the criminal justice system, and we've been fortunate enough to work with the Council State governments now for a couple of years, maybe 3 years on different webinars, and we're excited to be here to really bring information about 9, 8, 8.
- So a little bit about the National Center on criminal justice and disability. we are also funded by Bja, and we are now 9 years old. We provide nationwide training and

technical assistance for criminal justice professionals and others who are really interested in improving services in this area.

- We also provide nationwide information and referral. So anyone in the system people with Disabilities family members, attorneys law enforcement who want more information on this topic can contact us for support and help.
- we also provide resource, collection and creation. So we've done a number of different publications from Justice involved youth to sex offense issues. Some really key topics that the field is hungry for.
- And of course we continue our education efforts through a number of different social media, outreach webinars and conferences.
- Next slide.
- This is our presentation outline that we're bringing to you today. First, we're going to look at the intersectionality of crisis, response, disability, and the byproduct community.
- And then Carlene is going to do more of a deep dive into really understanding the role of 908 in crisis response for people with Id.
- And how do we create more inclusive 988 response systems which is so important that we start talking about that now. before everything is built.
- and then we are going to leave some time for questions and answers
- next slide.
- So before we kind of go into the 908 crisis response piece, I just wanted to make sure that we're all have the same understanding around. What is the definition of intellectual and developmental disability? So, You probably, if you have heard this term before, you probably have heard the 2 terms together.
- I'll go over first developmental disability, and that is the definition that you see on your slide here. That is a physical or mental impairments that began before age 22.
- And there are substantial functional limitations in in at least 3 of the areas listed here which include self care, learning, walking or moving around self to self direction, independent living
- and economic self-sufficiency. And we know that over 7 million people in the Us. Have intellectual or developmental disabilities. Now, when we look at intellectual disability more specifically that also checks these boxes originates before h 22
- the person also has these functional limitations in these areas. But in addition to that, the individual will also have some type of cognitive impairment as well.
- Next slide.
- now, we also know that people with Id are over represented in the criminal justice system. So we just wanted to share a few statistics around that.
- They represent 4 to 10% of the prison.
- and from information from the Bureau of Justice, statistics have found that 2 and 10 people in prison and 3 in 10 people in jail report having some type of cognitive disability
- and other data also from Bjs has found that people with Id experience the highest rate of victimization when compared to people with other types of disabilities. So we see that there's also a high risk of victimization.

- Now, in looking at justice involved youth. We know that 65 to 70 of youth involved in the justice system have some type of a disability so that's 3 times higher the rate compared to people without disabilities.
- Next slide.
- of course. Key to our discussion anytime. We're talking about criminal justice issues criminal justice, reform, and people with disabilities. We want to also focus on the the issue of intersectionality, and we wanted to share just some data around that.
- So between 2,013 and 2,015, one-third to one half of people shot and killed by police
- in the Us. Had a disability. And this this information actually came from a collection of media that we were able to find. You know how often this was happening throughout the country, but we also always want to remind listeners
- and other advocates out there that we need to be advocating for data that comes from the Federal Government, from our police departments around these issues.
- An American journal of Public Health article also found that young people with disabilities were 13% more likely to be arrested than their peers without a disability. And yet when we look at black youth with disabilities, that figure actually jumps to 17
- Other data found that people with disabilities have an overall 43% chance of arrest with young black men experiencing more.
- So with that data in mind i'm gonna hand it over to Carlene, who's gonna talk about the issue of co-occurring disability, and bring a more of the personal story of someone affected by this issue.
- And Go to next slide, please.



### **Carlean Ponder**

00:14:20

Hi, Hi, everybody! I'm Carlene, ponder Director of Disability Rights and Housing policy for the arc of the United States.

- So most of my work involves a policy. Us Federal policy. on civil rights issues. So voting rights Housing has to be included in that, and criminal justice, of course, is a large part of Civil rights work.
- And the interesting thing about doing this work for the arc and organization that focuses on people with intellectual and developmental disabilities
- is that. we get to expand the conversation around
- issues involving law enforcement and people experiencing a mental health crisis to also include various disabilities. a lot of times we don't think about. Id d in that population. We kind of lump everybody into, you know, having
- some sort of mental health
- impairment as their primary form of identity.



- But 30 to 40% of people who have. Id also have a co-occurring mental health diagnosis and substance use. Disorder is pretty high in our population, estimated to be at about 20%
- mit ctl and and people with idd, and also a co-occurring mental health, disorder, mental health conditions, and people with Idd may be overlooked because the person may find it hard to describe their feelings or experiences. 150.
- The signs or symptoms may not be obvious or present all the time. especially if people are more focused on the person's developmental disorder. They may not consider. You know that the person has a separate mental health impairment going on.
- the person may be taking medicines that affect their feelings or behavior, and it may be difficult to tell if the behavior has happened in the past, and to recognize patterns of mental health conditions
- and mental health symptoms may be similar to other types of disabilities, such as
- somebody who's on the autism spectrum disorder
- next slide, please.
- And you know, when we think about some of the
- pretty high-profile? National news stories involving law enforcement and people who are experiencing a mental health crisis
- again. We never really break that down into specific disability.
- this this young kid, this teenager in Illinois
- time at City, Illinois, Stefan Watts lived with autism disorder they call that it at they used to call it As for risk, but now it's it's autism
- and you know, as part of his disorder, he would sometimes have outburst, and it was hard for family members at times to be responsive, or to be able to contain him
- without outside assistance, and you know that outside assistance is generally calling Police
- and police had been called to this home before. they were familiar with Stefan and in this particular disturbing incident that ended up being fatal. As I understand it, the officer who fired his weapon or fired first.
- actually New Stephan, and had been out to the house on other occasions. this time Stefan picked up a knife. I'm i'm not exactly sure what type of knife. I think the family described it perhaps as a butter knife, or something like that.
- And the officers you know. An officer fired, and and other officers fired.
- and Stefan was killed in front of his family.
- So again, you know one of one of these
- unfortunate incidents that occur all too frequently, but a lot of times in the in the way that we talk about. I'm. Certainly the way the media talks about them. We talk about the mental health aspect, and not that recognizing that this is actually a person who had id
- and is it is a population, you know, that we should
- spend some of our time learning about as well.
- and now it's back to Leanne.



**Leigh Ann Davis**

00:18:52

Thank you, Carlene.

- and on that note I think it's important that we consider the type of research and evaluation that we're able to do when it comes to crisis response just in general. But when we think about how often that is available in the Idd population.
- it's really sparse, and one of the projects that we worked on here at the National Center in partnership with the Vera Institute of Justice was the project called serving safely, and it produced this report around crisis response services for people with both mental illness and Id
- and it. This lit review really showed the lack of research that we have in the field of Idd and criminal justice.
- And so, as we start thinking about collecting data around 988 and crisis response, we really need to be sure to include people with Id, and this report is kind of a good overview to to read, to think about how we can start doing that now. This was before 9, 8, 8 started.
- but just to kind of lay the the groundwork and the foundation of thinking about. What kind of research do we need when it comes to this population
- and next slide
- we also had the opportunity to work with Csg. On this publication that's called improving outcomes for people in contact with the criminal justice system who have an Id, and this was really a good opportunity to think about
- where there needs to be more partnerships on these issues. So in thinking about some of the key steps that communities can do to improve outcomes. One of the key steps was really around developing this collaborations with advocates, experts in the field of Id.
- especially people with lived experience and those who've been in the criminal justice system. And I, Carlene, will probably mention this too later in her slides, but the importance of partnering with chapters of the art, or you know, organizations on autism, other nonprofits.
- and specifically groups that. where people with disabilities are really leading efforts in this area. So this is a good publication to just kind of think about in terms of how you can
- do some of those collaborations
- next slide
- just a few more resources. Carlene was really spearheaded. The effort to have a national online event around the bipot community who are also disabled 9 a day crisis response.
- And so we have a link to that. If you want to check that out which is on Youtube.
- and then our National Center on criminal Justice and disability has a pathways to justice training program. that I can't go into now. But if you want to learn more about that, that that provides training to law enforcement attorneys victim advocates
- and really is a community-based response around training
- we are involved with another project called the Academic Training Project, that is funded by Bj. A. Or the Bureau of justice assistance which is creating a national

training called crisis response, intervention, training. And we have a link down there, it says, coming soon because it's actually going to be

- be released at the beginning of next year, and it will be available on on the Bj. A's website
- and it's also produced some really good publications. So we added some links to that as well. And we're working on a steps for deflection or pre-arrest a version specifically for the population of people with Id so that should be coming out fairly soon as well, too.
- next slide.
- So now we get to the meet of the presentation around 9, 8, 8 specifically. But before we jump into that we wanted to get your reaction and your response on this question.
- So what is the current status of 988 in your state or area.
- And here are some of the key things we're asking about. Are you in the planning stages of 908.
- You're currently implementing 988
- 900. And 88 is live, but there's not really enough resources to implement it well, or most in your area, are still aware of 9, 8.
- So give us. There's the polling question that went up for everyone to answer. So please check which one is closest to where you're at right now, so we can get an idea, not only for us as the speakers, but everyone else in the Webinar today kind of where everybody is with with the the 988 status
- and then once we get enough, I think. we will get to see the poll, the results of the poll.
- So do we have enough results to show Yet
- there we go there it is
- so it looks like we've got half and half between you're currently implementing 988
- and then 9 8, 8 is live, but there's not really enough resources to implement it. Still, 25% say that most are still unaware. So that's quite a bit
- that still are not really having the you know, the larger discussion around this. So it sounds like this is a good place for you all to be, and have it where we're at today with having this discussion. So thank you for answering the poll, and on that note i'm going to pass it back over to Carlean.
- who will really take us more into the the specifics around 908, and crisis response for people with, Id



**Carlean Ponder**

00:25:12

thank you. So we're going to go to the next slide.

- Okay, so here we are with the launch of 9. 8, 8 are
- newest, 3 digit
- national emergency number since 9. 1 one was created in, I guess, in 1,968,

- so 9, 88, incredibly recent so it's not surprising that you know, it's still being implemented in a lot of places in the country, because
- the legislation was just signed in October, 2020, signed into law by Congress. It was bipartisan, which you know makes it historic in a lot of ways, because it was bipartisan
- and it's so it's our newest you know, nationwide mental health crisis response number before you know, we had, I think, certain localities we're using 2, 1, one, or 3, 1 one, and some still are, but I think the goal is to
- consolidating. Use 9 to 8 as much as possible.
- Next slide, please.
- so 9 and 8 the Federal legislation requires phone service providers to direct all 988 calls to the existing
- National Suicide Prevention lifeline which has been around for a while. but before you know, it was, I think, a very, you know, one of those long 1 800 numbers that people really didn't remember you'd have to look it up.
- and the Federal legislation permits a fee to be associated with Mobile or IP enable devices States can choose whether or not to levy this fee.
- The fee can pay for effective routing a calls to an appropriate crisis center and personnel to operate the crisis centers and other stabilization services. that might be needed to directly respond to 9, 8, 8 calls.
- Some States have implemented this fee. Some have not Others are still considering whether they're going to do it or not.
- The substance, abuse, and mental health Services administration, Sam. So that's the Federal agency. says that the the hotline has to be equipped to provide specialized resources to high risk populations
- in in Samhsa's
- description of of high-risk populations. I know they included people who were living in rural areas. They included you, you you know, black Latino people and native American people by Pop communities.
- Lgbtq I. A plus was included in there.
- and we would like to see people with intellectual developmental disabilities also included in in this definition of high-risk populations. next role I mean next slide.
- So for people who have disabilities
- 988 currently serves You can you can call 9 at 8, using If you have a tty or teletype writer
- to help you with your your death, or hard of hearing, you can use your Tty service.
- Your preferred relay service to have access to 988,
- 980. Also offer services through chat and text.
- I, you know. So I it is so. Only I think chat and text, chat and text might still be only in English, but I think 9, 8, 8 hotline calls are actually available in English and Spanish, but che text and chat might still only be English at this point.
- but I understand that for a hotline calls
- outside of English and Spanish that they're using some sort of interpretation service
- to help with other with other languages. I'm not sure exactly what that interpretation services, you know. I don't know if it's something like a Google translate, or if they actually have the ability to call a service and get, you know, live translation

- at the same time. But I do know that that is something that they are now offering.
- and so they're in. They're in the process, they said, of expanding video phone service
- to help people who are who are deaf. in hard of hearing as well.
- Next slide, please.
- So, Samsung, that's the Federal Agency again. That's overseeing the implementation of 900 and 8 Hasn't directly addressed the unique needs of people with Idd when seeking hotline services.
- some things that you know hotline operators would need to be aware of, and they'd actually have to be trained on these things because they're very specific
- is that if you are talking to somebody and you detect that there's some form of cognitive disability. There, you're going to need to adjust the pace
- of You know your conversation.
- Keep themes very simple, you know. Limit the number of ideas
- that are being presented. Use, you know, use basic language. We refer to it as plain language.
- in conversations. But you know best practice would be to make sure that this type of awareness training is given to anybody who's going to be answering hotline calls for 9, 8, 8 across the country.
- and and that would include, you know, being able to to identify people with Id
- as callers which can be tricky, you know it can be. You don't always know that you're talking to Somebody who has a cognitive disorder. But there are certain things that people can look for certain clues, you know. Example might be
- if, during the conversation somebody says the group home that I live in, you know that might be a clue. but these are the types of things that the training and intense training could get into we would also like to see pre-existing arrangements.
- with specialized services for people who have, Id because those are going to be folks who are doing the trainings all the time. people who may have, you know, years of experience working with this particular population. And so they won't necessarily have the same types of challenges as others.
- So there's a program in the State of Virginia called the Reach Program, which already operates the Crisis line it's 20, four-seven, and it's 4 people with, Id now it's a no, you know a longer number that you would have to remember. So it's not 9, 8, 8,
- but a best practice would be, you know, if
- 980
- operators
- we're already trained.
- We're able to identify somebody with Id
- once that identification is met.
- They're able to then seamlessly transfer them over to a program like Virginia Reach so that they can get specialized crisis counseling.
- That would be ideal.
- Next slide
- Virginia again, was the first state in the country to actually pass legislation to fund a 988 hotline As I mentioned, You know, they've got this this reach program for people with developmental disabilities that's already been

- in operation. It comes with some other supports. They have some ground support for that program. Already they do have some mobile crisis units available to go out and work with people with Id. They also have some beds available to do short term crisis stabilization.
- however. When I last checked, which was pretty recently, they hadn't received any additional funding from you know that would represent a positive change in the amount of funding that they normally get from the State.
- which you know which to me is an indication that
- They are the You know, that the State isn't sort of seamlessly working
- with this provider to make sure that they can handle
- an influx of calls. coming from 980. That might better be dealt with through a specialized
- Id provider.
- So you know, we have a lot of questions about what is happening. since you know, Virginia.
- obviously very interested in making sure the 908 succeeds being the first state and country to pass a funding legislation
- also being set up to succeed in terms of dealing with people with, Id because they already have this
- separate, you know. development disabilities, crisis system. But we have questions about how they're working together. you know
- The biggest question, I think, really is, how will 988 operators identify people with Idd who may be better served through this program.
- and Whether or not you know, the reach program has the capacity
- to even take on additional responsibility. Should a partnership, you know, be arranged with them throughout the State of Virginia
- next slide, please.
- and that, I think is, we're now going to go to creating inclusive nine-day and response systems.
- So here's another poll question.
- Our people with Idd included in 908 planning
- or discussions in your state or locality.
- yes.
- no.
- i'm sure.
- or there are plans in place to involve people with, Id
- So if you answer the poll
- that'll provide us with some helpful information as well.
- we'll give you. We'll give you a little bit of time to answer the poll.
- and whenever we got a good
- good number of answers, we can take a take a peek.
- Okay.
- Most people are unsure, which is understandable, because, you know, this population often isn't at the forefront of
- of planning around behavioral health. But

- the for the ones who said Yes, Id is included. I would. I would love to hear me. Maybe you can put that in the chat where you're located.
- that's great, and I wonder how Id became part of the conversation, you know. Was it an organization like your chapter of the Arc?
- Another Disability organization that brought Idd to the table i'd love to. I'd love to hear some of that.
- Thank you for answering the poll.
- Okay, Oregon, Thank you.
- We know some good people in Oregon. We've got very active art chapters in Oregon.
- and the Cahoots program is in Oregon.
- although i'm not sure that they specialize in. Id
- i'm not sure if they even have training in, Id but you you might be able to answer that as well.
- Next slide, please. Thank you.
- So there are pilot programs. being done with 908 in September 2,022 Samhsa announced a pilot program
- to offer
- calls and text and chat supports for Lesbian gay by sexual transgender, queer questioning, and other sexual and gender minorities and youth and young adults.
- I know that they are. They've got a pilot program with a partner that I work with the Trevor Project to help with you, who identify as Lgbtq I plus.
- and that is really helpful because of the aspect of cultural competence. You know. youth, youth in that category are sometimes dealing with
- issues around, you know. National national pressure to conform to certain sexual and gender identity. So I think it's incredibly helpful to have people who are informed on those types of issues taking 9 to 8 calls.
- and you know that's great that they were able to partner with that specific provider there. And so again, you know, we recommend for people who have. Id that Samhsa encourage similar pilots and partnerships.
- with the programs such as the reach program, and I saw in in the chat somebody it put in I think they were staff with reach, perhaps and we're talking about some of the conversations that are happening around 98, so I would love to take a look in here and hear more
- from you about that as well.
- Next slide, please.
- Washington State. You know allocated funding that they received from the American Rescue planet
- to assign mobile crisis teams dedicated to youth and young adults in response to calls coming in from 980 this plan included a minimum of 6 children and youth mobile crisis teams.
- That is a fantastic resource a great way to dedicate resources to a specific
- high-risk population and a population that needs cultural competency competency. People who are equipped to work with youth and young adults specifically. Such a resource could also serve youth and their families with disabilities. You know, when we think back

- on a situation with the young man, Stefan Watts, who was killed by police officers in his home, you know, perhaps having a mobile crisis unit
- that was competent in working with with autism and other types of
- Developmental disabilities
- could have, you know, could have given that family a different outcome and preserved the life of of their loved one
- next next slide, please.
- So we. Our recommendation is absolutely to partner with an Id provider to access specialized hotline assistance, and
- you know, don't stop with just the hotlines. We'd like to see the mobile crisis units also for people with Id and other disabilities. that's really important, because sometimes it can be hard for people who have. Id to actually receive mental health care.
- Sometimes mental health care providers do not feel equipped
- to work with people who, you know somebody might
- have a form of autism autism disorder where they are non verbal and in that case there could be a mental health provider that just feels that they are not equipped to work with that person. So it it is. It is really important to have people who who are
- specialized and and trained and working with this population. So
- for a special consideration of Bypass youth, black, indigenous people of color and youth. particularly those that are involved in state care, foster care, or something like that youth with disabilities we recommend that you take a look at one of the panels that we held as part of our
- National Crisis Response Conference For people with disabilities. There are just certain issues that come up around youth that we may not think about in other contexts. For example, the issue of mandated reporting and being
- careful to make sure that more harm is not being done to families sometimes. due to systems that can be really inflexible
- next slide, please.
- Samsa states that improving cultural competency is a key factor in the ongoing development of 9 to 8. For us, you know, we'd like to to see that include cultural competency around. Idd as well.
- Another big issue, though with 980 in general, is that people of color may avoid calling this number due to potential law enforcement involvement in crisis response calls there was actually a report from a Federal agency called the National Council on disabilities.
- that highlighted incidents where phone calls to the previous lifeline number. So
- the number, before it was shortened to 9 8 8 had resulted in welfare checks. because you know, the the hotline
- operator
- dealing with the caller thought that maybe the caller was a harm to themselves or to somebody else.
- And unfortunately, in those cases we have, so you know, a few resources outside of calling 911, because, you know not, every community has mobile crisis units, or even a protocol to sort of, you know, bypass



- 9 1 one to get to a mobile crisis unit, and our law Enforcement has shown up, and things have gone awry for people. you know people people report it losing their jobs because, you know, cops would show up at their workplace to do a welfare check.
- you know, as a as a student, reported being forcibly taken to an er, and then on top of that, you know, being sacked with an er bill
- you know, a few days later. for care that she didn't think she actually needed, or even received in the er room. So you know, these are things to definitely be aware of. We've raised them with the company that that operates the lifeline that operates 980,
- and we hope that they are really putting a lot of emphasis on on training their, you know crisis call responders
- on These issues around the use of law enforcement to respond to people and mental health crises.
- So next slide, please
- 9, 8 8 launched nationwide in July, 2022. So it is, you know you can call this number now from anywhere in the country, and I know that earlier in our poll. People said that they were still their localities. We're still implementing 9, 8, 8,
- and and and what that probably means is that you have a a local crisis center call center already. That was already taking calls, and now they're integrating with 9, 8, 8, so that they can get calls routed from. You know the national number.
- and that also means that those those local crisis call centers need more staffing. which means, you know they need more funding, because As this number grows in popularity, we can, we can anticipate that there will be more calls coming in
- to the number. So
- in fact, Samsa did report. Since the number launched they reported a 45% increase in overall call volume.
- and also in an an improvement in answer rates and and wait times compared to a year ago. I mean that's the other issue. If you're having a mental health crisis. Obviously you don't want to be. You don't want to call a number, and then, you know. Sit on hold for 1015 min, so that that's an issue as well.
- Congress proposed Federal legislation aimed at increasing funding for 98 and building additional wraparound services into that such as mobile crisis teams
- there was legislation from a Senator Baldwin. Oh, Senator Baldwin and and Collins, so it would be bipartisan. You have a Democrat in a
- and a Republican on this legislation called the 98 Coordination and Improvement Act, and in the House of Representatives
- the Mental Health Justice Act, which was sponsored by Rep. Katie Porter actually passed
- very recently. I don't know. You know what's going to. I don't think the Senate actually vote the Senate Didn't vote on it. And now that, you know, we have with the election is over, and we have
- new representatives in both the House and Senate. I'm not sure you know where that leaves this type of legislation other than to say for those of you who are interested in seeing some funding.
- for you know further, you know, call crisis services to please, you know, keep abreast of these things, and and find out what's going on with your your senators and your

- representatives. next slide, please.
- So
- these are the questions that we have about 9 to 8,
- Our callers with Idd being identified. Is there a mechanism to identify callers with Id, and and I think the answer to that would be No, unless you've got really intense training. in order to you know it have to be nationwide. It would have to be at all their call centers
- on. You know how to identify this particular population, and even then, even with the training, it can still be very tricky. I know it can be tricky for the folks that reach who do this, you know, all the time. Of course they have a They have a leg up, and that, you know, if you're specifically calling their program, you've probably already identified
- as somebody with Id but what forms of training have taken place to help hotline operators identify such callers? I From what I understand you know it's it's it's taking place in certain localities.
- But I don't know that there's anything uniform. I don't know that I don't think that Samhsa has given any sort of uniform guidance.
- you know, has 9, 8, 8 identified partners in each State who can competently answer calls from people with, Id from service. Providers and their family members, because again, that would be incredibly helpful. Stefan Watts family might have been able to call this number
- and to have gotten some resources had that been available. what about data collection? Are there data collection points for the 9 to 8 hotline, and you know, identifying how many people with disabilities are calling?
- Are they being served? How well are they being served, you know, with the current 9 aid operation, and also you know how often are calls involving people with not just with Id i'd like to know how often are calls involving people calling 980
- being transferred to 9. 1 one, and of course Idd would be a subset of that. But you know important things to know as You know, we talk about this number, and promoting it as an alternative to 9 1 1,
- I think that is the end
- of my presentation.



### **Felicia Lopez Wright**

00:49:55

Thank you so much. Carlene

- and Leanne, who's fantastic? We've gotten a lot of questions which is nice, and we'll have plenty of time to answer. So if anyone else had any anything any other questions. Please share them in the Q. And a.
- A. Box. But i'll just ask the questions, and then Leanna Carly and you guys can both jump in



### Unknown Speaker

00:50:17

as you see fit. So our first question is.



### Felicia Lopez Wright

00:50:21

How do we get parents in our community to understand that police will respond with violence, even if they know the person.

- Parents want to focus on things like registries, and introducing their adult children to local Leos, which i'm not sure what Leo's stand for. You probably do. But that was the question.



### Leigh Ann Davis

00:50:40

Yeah, I I I don't mind starting with that one, because I think it's a great question, and I appreciate whoever asked that.

- One of the things we talk about at the National Center about registries is that sometimes it can seem like that is like the answer.
- you know, to this issue of people with disabilities.
- in in the criminal justice system, and we actually did a publication that I could put in the chat here in a minute. That gives it more of a
- people, and understanding that it can't be the answer to all of the issues and challenges and communities around this
- and that registries in and of itself, even though
- it can help identify, it can help officers identify if someone may have a disability
- that doesn't solve the issue of Does the officer have training to know what to do once it's even identified. So sometimes I feel like we jumped a gun a little, because registries do seem to be very popular across States, and it seems like every time I turn around there's another one.
- and it's all in good effort, right like we're trying to do something to help identify, so that the more the officers have information hopefully the better they can respond.

But without that training, and not only training, but really it a deeper understanding and appreciation

- of the disability community.
- So really knowing the disability community having opportunities to bring people together around the
- that proverbial table and, if possible, in person. Now that Covid hopefully is passed in some ways. that we can have more of those interactions with people, with disabilities and law enforcement.
- so that there can be a deeper connection there and then I think maybe there'll be a better understanding. But so much of this is just oh, look it's! You know you find something on the Internet or this is happening here, there, and we're not necessarily doing that deeper level thinking around. You know, how is that really addressing the core issue.
- So I think if there's any way to do that like I mentioned through our pathways to justice, we create disability response teams which kind of provide a vehicle for that to happen, and a lot of times that's not happening. So getting coalitions together, or
- multidisciplinary teams that really kind of give the community an opportunity to have these discussions with the officers. I think that would help
- Carlene. Did you have anything to add on that one



### Unknown Speaker

00:53:19

you so much.



### Felicia Lopez Wright

00:53:20

And yeah, it's so important to highlight that the the need for stronger

- coordination across the community with the community and law enforcement?
- the next question,
- How can you avoid situations where a person with autism is having a meltdown in public.
- and as a soon to be having a psychotic break.
- and then take into a mental hospital because they are not taking medication



### Unknown Speaker

00:53:44

psychosis.



### **Felicia Lopez Wright**

00:53:45

The hospital setting is very triggering and physically unsafe

- person with autism just needs to help leaving the situation that triggered the initial meltdown.
- They don't have family or caregivers to contact.



### **Carlean Ponder**

00:54:00

Yeah, I I mean, it's it's it's tough. But it you know. That's the situation that happened to to one of our board members, I think.

- the board member described being at an airport and just getting overwhelmed because the flight it changed, and it was hard to, you know. Figure out, you know what what was going on with getting on a another flight, and you know, begin to have a meltdown in in public. Well, yeah, people will assume you know, people will assume
- the you know the person is is losing their mind. and unfortunately, sometimes once law enforcement, you know, gets involved, the assumption can be that the person is on drugs and behaving erratically. And you know, of course, you know racial bias and and use of force with people who are black and
- and other people of color with law enforcement continues to be a major major concern.
- so you know we advocate, for I I do policy work. So at the policy level we advocate for certain solutions again, you know, making sure that we have mobile crisis units available, and not just the we first. We need them available. But
- you know, then on top of that we need to make that just part of what we do. when there is when there's a need for a first responder. I mean, imagine if Stefan wants family could have picked up the phone and and decided, you know, if they were gonna call for law enforcement, or if they were gonna call for a mobile crisis unit.
- I mean, it would be great if we just got to that point right when you can decide what what the appropriate first responder is. and then you know, if that person is equipped

- and and culturally competent and dealing with people who have certain types of disabilities, and you, you know, we would like we would think we would see a different, a different response, and that they would know how to call the situation. Remove the the person from the crowd, and get them away from out noises and lights and that kind of thing.
- And then, you know, having having places that people can walk into
- for short-term care in the community.
- just you know, around the around around the neighborhood having places where people can go and and call themselves and de escalate.



### Leigh Ann Davis

00:56:15

Yeah. And and I would just add to that, it sounds like the way the question was phrased is that the person is assumed.

- So I don't know if in this situation if
- you were
- able to provide identification, if that would help
- in order to. You know, specify what type of disability, and of course that's up to each person if they want to. disclose that.
- I I know, and one of the projects we're working on.
- One of the things that we talk about is how to provide identification, so that an officer may then know. Well, this is not, you know this is not what I'm thinking it is, and maybe help
- change that. You know that person's understanding of what's going on. But even then it goes back to the level of education of that officer. And often, when we think about who to educate first, we go to the crisis intervention team or cit officers. when those are available to start that process of education.
- But
- it. I really appreciate that question, because, of course, the hospital setting can it absolutely be triggering and safe? You know
- Sadly, the long term solution is what Carly is talking about, and that is the mobile crisis units, and having another place to go, and we have not had that and when we provide a training throughout the country on this issue. It does seem to be that cyclical problem of even when we educate.
- Officers say they do know the right place, and they do understand where to go? Where is Where is it?
- Where is that?
- Where are we finding the resources for that to happen? So that's why we're really helping that 988 can be a key piece of this to help funnel money and resources into the community and provide these types of supports for individuals.
- but that is a tough one, and we thank you for sharing that.



**Felicia Lopez Wright**

00:58:17

Thank you.

- the next question is, they are training for dispatchers to assist with recognizing and relaying adequate information to responding officers for ems
- for people that have I?



**Leigh Ann Davis**

00:58:33

Yeah.

- another good one. And i'll take this this one since that's what we're doing is providing training specifically to law. Enforcement is as one segment of the criminal justice professional groups, and we have actually had dispatchers come to our training before
- now. We don't have a specific module on dispatchers, although we are looking at that because it's been such a question, and there is quite a bit of interest in that. we were part of the Academic Training project. that
- the one that I mentioned earlier that's creating the national training on crisis, response, intervention, training, or cr it. And as part of that project a number of Webinars have been offered, and one of them was called transforming dispatch and crisis response services.
- meeting challenges with innovation. One of the speakers on that Webinar was the Albuquerque police Departments id training for telecommunications, telecommunicators, and they did speak about that issue, and how to train dispatchers on this.
- so we can drop that link in the chat so that you can check that resource out.
- and i'll work on that while i'm trying to answer questions.



**Felicia Lopez Wright**

00:59:54

Yeah, thank you so much. I was going to try to find it. But

- thank you so much.

- trying to. There's a lot of questions which is great trying to make sure. I'm going in order.
- Okay, If a person with autism is not in the State



### Unknown Speaker

01:00:16

system, would they still be eligible to get plain language or specialized services through 980?



### Felicia Lopez Wright

01:00:22

Also the county's mental health provider, for I do. Folks is not competent in dealing with people with autism.

- So if the local night referred, ie. Calls there, it may not be helpful.



### Carlean Ponder

01:00:34

Yeah, that's true. so

- so that anybody can call 9 8, 8. You don't have to be in the developmental disabilities. you know, program in order to call 988.
- but you, you know, but like in a place in like Virginia, where there is a 20 four-seven crisis line already for people who have Id
- you know you can already call that crisis line. You also don't have to be in the Dd system in order to get services from them. it, but they probably want you to be later on, you know, to sort of help with continuum of care.
- no! But so you don't have to be in either. You don't have to be registered in a specialized system in order to get care. But
- it would be. It would be easier, I guess, to recognize somebody who has. Id if you knew in advance that they were part of
- You know the state Dd. System only because it can be hard sometimes. You know somebody with autism doesn't necessarily just talking to them, and especially over the phone. May not give you what you need to be able to identify them as an autistic person, I mean, they might have to self identify.





**Felicia Lopez Wright**

01:01:53

Oh, actually the person just said sorry, cause it says anonymous, the person to ask

- no, they said, no. I'm in autism or ivd special services from 980.



**Carlean Ponder**

01:02:05

so the 9, 89, 88, doesn't offer, like there, there are no specialized services

- 9 in. It is like just a crisis line that absolutely anybody can call. They don't have any specialized services. They have pilot programs where they can connect you to
- groups who who are culturally competent. So you know ideally. What we would like to see is that they connect people with ldd who identify as having ld
- to a group like the reach program in Virginia since they are specialized. So we'd like them to have that capability. we don't know. I I don't think that they have done this at least on a national scale. They have not done this, but anybody can call 9 a.



**Felicia Lopez Wright**

01:02:56

Okay.

- and it seems like the person is trying to clarify again. I'm saying, person, because it says anonymous on my end, if you can send us your email just so. maybe Carlene and Lean can follow up with you. You can either drop it in the chat or Our contact information will be at the end.
- we really we don't want to dismiss your question, but or your follow up, because I know you're trying to clarify. so please email. Send us your email and we'll definitely connect you with Lean and Carlene, and they can follow up with you with some more guidance.
- but thank you, Carlene Leanne, Did you have anything to add to that?



**Leigh Ann Davis**

01:03:30

No, the Carly needed Great, Thank you.



### **Felicia Lopez Wright**

01:03:35

we have a question here for Amanda. Have there been conversations in regards to implementing the 980 mobile response to remove police from the situation. So physical interventions or forces not used for individuals within this population

- or those of
- serious mental illness. We need intervention.



### **Carlean Ponder**

01:03:54

Well, that that is what I would like to see happen as a policy person. I, you know we certainly had conversations with Vibrant, the organization that runs the 9 8, 8 hotline

- about this issue. They're they're aware of the criticism that you know, 9 to 8 has received in the past, or the earlier version of 90 day has received in the past, because
- of the potential involvement of law enforcement. They, I think what they are currently saying is that they are working with their hotline operators the ones who they train
- to make sure that they are not
- over, you know, utilizing or calling 9 1 one in instances where it may be premature or unnecessary to do so. You know, the the real problem is that if you do have somebody
- who presents on a crisis call and maybe they are threatening suicide is that that that hotline caller, you know, has a responsibility. They have a fiduciary duty to notify an emergency responder.
- But the real problem is that we really only have one emergency responder, which is 9, 1 one, which is our law enforcement.
- and so it would be better policy like, I said, if we were able to create
- an additional first responder system that didn't rely on our law enforcement across the country.



**Felicia Lopez Wright**

01:05:36

Okay, thank you.

- This this question goes back there's 2 questions that are similar.
- and i'm going to combine here, and this goes back to
- the other question about You know the
- person that has ldb. Feels triggered in public and has an episode, and



**Unknown Speaker**

01:05:55

it's misunderstood as



**Felicia Lopez Wright**

01:05:58

a mental health psych psychotic break.



**Unknown Speaker**

01:06:01

and even mentioned about using a an Id or trying to assign an Id



**Felicia Lopez Wright**

01:06:05

and maybe some alternative to that, because maybe there's concerns about, you know police, maybe thinking you're pulling out a weapon or

- confidentiality, and like disclosure, and and all those concerns. So there are any other, maybe examples that you've seen from other sites or or folks that have shared ways that they address that



**Carlean Ponder**

01:06:27

only in you. Wanna



**Leigh Ann Davis**

01:06:30

Yeah, I mean, I think you know, Carly, when you and I've talked about this like with black families. For example, you know they don't call police. They call on someone else. They know that can assist that's in their circle of support.

- you know we've kind of had to create and this has happened in the disability community where
- you have a plan of action before something happens. So prevention is number one, you know, like, what is your plan
- If this happens? And if you don't feel safe to call police, who else is in that circle of support. So you know what to do. I think the hardest part in that very first question is.
- if there is no one.
- and we do know that this happens. You know people with Idd who may
- be able to live alone in the community, but
- but they don't have family that they live with? and who's going to believe that person? Or how do they reach out? How do they get that community? So in in my experience in working with people with disabilities over the years, you know, it's really trying to build
- a community around that person. at least having very similar to when we're talking about supporting crime victims with disabilities, you know, having a safety plan. You know what's gonna happen?
- What step? One step, 2. How do we make sure that I feel safe that
- the the person with a disability feel safe, and that there's going to be some type of response to that situation as well to law enforcement and others who were involved, so
- that to me I mean to me that is like one of the most important things is connecting people with disabilities to peer advocates, self advocates, people who are really interested in this topic.

- and looking at how they can support each other around these issues. And of course we've been seeing that happen in the mental health field, and we recently were on a Webinar related to peer support. And how important that piece is. So, hey? Plugging, you know, to
- create systems where we can have pay peer support specialists who do this work in crisis response that have, I'd as well as people with mental health disabilities. So really building out the system more we don't have it yet. But you know that's really where we're wanting to go.



### **Carlean Ponder**

01:08:57

Yeah, I mean, we just have to get to a place where

- it is expected that a first responder. You know whether they have a a gun and a badge or not.
- who is dealing with somebody who is clearly, you know, having some sort of emotional or a mental health crisis is expected to respond in a way that is
- sort of
- That is where of that person's, you know state
- of of mine being fragile at that particular time, and
- one where you know they are expected to utilize every resource. and not just you know. Unfortunately, you know what they often are trained to do. Which is it which is to subdue, you know, with force. So we just have to really look at how we are
- telling our first responders. You know that they can interact with people.



### **Leigh Ann Davis**

01:10:04

I will just quickly mention, too, that we've done some work internationally, and, for example, in the UK. They have legislation where they.

- when some a situation happens with a person with a disability and criminal justice.
- Our law enforcement officers, then an appropriate adult is called out to provide to make sure that that person's rights are protected, that the communication is there.
- So there are other countries that are addressing this and that that are much farther ahead than we are on this topic.



### **Unknown Speaker**

01:10:44

Thank you.



**Felicia Lopez Wright**

01:10:46

I actually received a question via email before the Webinar from someone that wasn't able to make it. And I did. I did want to



**Unknown Speaker**

01:10:53

make sure we acknowledge their question.



**Felicia Lopez Wright**

01:10:55

and they had some Concerns about access to mandate by people that are deaf.



**Unknown Speaker**

01:11:00

that also have ivd and that has linguistic deprivation. And because right now the system requires English fluency which many of those people may not possess



**Felicia Lopez Wright**

01:11:12

and has there been any

- recommendations there changes or things coming to address that.



**Carlean Ponder**

01:11:20

I mean for deaf people the Tty service is available so they can still use their same teletype writer

- and their same relay service to access. 9, 8, 8, and Spanish is the only other language that is fully supported by 9 in 8 right now. But again Samsa mentioned something about having access to an interpretation service for other languages.
- I'm just not sure what that means. I don't. I don't know if that means live interpreters, or, if you know, like I said, is some sort of Google translate kind of thing. But



**Unknown Speaker**

01:11:53

yeah.



**Felicia Lopez Wright**

01:11:58

thank you.



**Unknown Speaker**

01:12:02

And I believe this is our last question. If there is any other question, feel free to to send them in as we are going through this one. But



**Unknown Speaker**

01:12:09

the person asks one of you. have autism. But Don't meet the TV system entry criteria. But you still need



**Felicia Lopez Wright**

01:12:17

autism competent 98 services.



**Unknown Speaker**

01:12:20

So it sounds like, maybe not eligible for services, but



**Felicia Lopez Wright**

01:12:24

are experiencing



**Unknown Speaker**

01:12:26

crisis related to



**Felicia Lopez Wright**

01:12:28



ibd, and and that on the other end.

- What to do in those situations?



### **Carlean Ponder**

01:12:34

Yeah, I mean 9, 8, 8 is is still 9 to 8 is still available. to that person.

- because it's to answer anybody who's, you know, experiencing crisis at the moment it doesn't
- really matter like what it stems from, or what it's related to 9 8 is definitely available. but again, you know, it would be great if they were able to recognize that this person does have some some form of id.
- and that they can get them to a partner if they have these partnerships, you know they've got to have them in in place.
- But if they have these partnerships and they can put them over to a program like the reach program, you would still be able to talk to somebody on the phone still get yeah, You know those emergency crisis services on the phone. and like I said in Virginia, they have mobile crisis units that are just for people
- with Id but you know there's not a lot of them and I don't know that every other I don't think every State has that. So



### **Leigh Ann Davis**

01:13:40

Yeah. And and I think it a good question

- to go along with. That is, not only can you get to 908? Which Carlene answered: Yes, I think the long term question is, then what can you be connected to? So you know that goes to the question of if you qualify for services. And this is
- that that's the same kind of challenge we have already. Before 9 a day came about. If you, you know, have a disability where you just a little bit over the qualification line for that, you know. Then what? And so
- for example, and we have 600 chapters at the Arc Nationwide, and about half of those are advocacy only, so they're not looking for a specific cut off. you know you can go to a chapter and ask for support and help, and that chapter would be able to help you. So
- there are places that you can still do that, but in terms of tapping into like the really the Federal support, you know. That is where it's really difficult. if you don't have that dying, that diagnostic criteria in order to tap into those services

- and that's Exactly. Why we have to look at building up the community, support the peer-driven support these other areas that don't necessarily have to always rely on that money, and that we can see how we can put more investment into communities and into the hands of people who understand this issue the best, those who are living it.
- so that is a really good question, and it's again. It's something that we're working on and towards through our chapters of the Arc here.



**Felicia Lopez Wright**

01:15:24

Thank you. and a related question, I guess, to expand a little bit on that. What you just said lean about the work happening at the Arc, and your involvement advocacy.

- There's a question in the chat. Is there any particular state or local agency that has taken an overall
- coordinating and policy and training role to see that the system continues to get built out
- and specific to responses for people with Id



**Carlean Ponder**

01:15:48

that would be Samhsa, the Federal Agency.

- and you know we would just have to
- sort of put pressure on them to make them aware of the need to make sure that they're being responsive to people with Id.



**Leigh Ann Davis**

01:16:03

And when it comes to the state and local. What we're hoping to do, and, in fact, looking for potential funding here to do is

- Think about how we can support the local community through our chapters of the art. to know how to have these conversations with the planning committees and those who are doing this work. Because if you're not. If you don't have the

- the understanding about what's going on with this, and for so long everybody was looking at each other Going? Okay.
- Now what you know. but we're kind of slowly inching our way to where there is more information available in certain pockets that we can get to, and we want to really empower advocates wherever you are.
- you know, to know what is missing. What needs to that's why Carlene brought up those questions that we're asking around, Id and and there are little pockets of that where that slowly happening. And it's usually through places like your local art chapter, or you know autism, society, or other places that are really
- kind of digging deeper into this. So I think just encouraging you to look at Who in your community. maybe is already doing criminal justice, reform or looking at this issue more broadly, and then asking about 9, 8, 8, and what's going on in their community right now.
- and of course always feel free to reach out to Carlene and I, as well as we're really trying to provide as many tools and resources as possible.



### **Felicia Lopez Wright**

01:17:37

Great.

- awesome. Thank you, Everyone for your great questions.
- and definitely. I feel like I've learned so much during our time together today.
- So we can continue going through the slides if there's any additional questions. Again. Carlene, Leah and Leanne have dropped their emails in the chat. It'll also be.
- and the Powerpoint that gets uploaded to our website along with the the recording for today, so you can get in touch with them
- if there is anything else that comes up.
- So the remaining slides have all the resources we're excited, and contact information for our panelists today.
- and also the link for signing up for a Csd Justice Center's Newsletter, which you can find at Csd Justice center.org. It's right on our home page, where you can sign up and and receive a lots of information through the field.
- and as a reminder the Webinar has a recorded, and we will post it along with the Powerpoint Pdf of it. So you can click on all of the links and access everything.
- and about one or 2 weeks.



### **Unknown Speaker**

01:18:41

So a special Thank you to Leanne and Carlene again from the arc of the United States for presenting today for your expertise for your guidance.



**Felicia Lopez Wright**

01:18:49

This is amazing, and, thanks to everyone that was able to join us today. Hope you have a good rest of the week.



**Leigh Ann Davis**

01:18:58

Thank you.