



VERMONT MENTAL HEALTH AND LAW ENFORCEMENT COLLABORATIONS: THE LAY OF THE LAND

September 1, 2020

Across Vermont, there is a continuum of collaboration that exists to respond to the extremely high number of law enforcement calls that are related to mental health and/or substance use disorder concerns. These partnerships range from day-to-day coordination and collaboration, to embedded positions within law enforcement, to proactive community outreach programs. Many if not most regions in the state are eager to build on these collaborations across the continuum.

ONGOING COLLABORATION BETWEEN EMERGENCY SERVICES TEAMS AND LAW ENFORCEMENT

Emergency Services Teams in Vermont have longstanding relationships with their local law enforcement agencies. These relationships have been enhanced since 2013 by Team Two, a training curriculum where law enforcement and mental health crisis workers collaborate on responding to a mental health crisis. Team Two uses joint scenario-based trainings and the trainings are conducted in all regions of the state. Strong collaborative responses are critical in complex cases involving both mental health and public safety risks. In the last year, 140 participants attended Team Two trainings. 45 designated agency staff attended representing all 10 DAs.¹ Contact and coordination between mental health and law enforcement happens on a frequent (if not daily) basis in most communities.²

Funding Source: The training program is supported through a partnership between DMH and DPS and is administered by Vermont Care Partners. The Department of Mental Health funds Designated Agency Emergency Services Programs

¹ See attached Annual Team Two Report

² Data from either the mental health or the public safety side on the number of co-responses has not been comprehensively reported on a statewide basis, although it is available in some regions. Designated agencies recently adopted a unified Emergency Services Assessment Form with a universal question of “Did mental health and law enforcement collaborate on this response?” This will be a minable data point in all screenings. This data will also be required as part of DMH’s FY21 Master Grant reporting.

Regions: Statewide

Note: While the ideal modality of Emergency Services is a mobile response, the ability to achieve this at the level desired by community partners is hampered in many communities by a lack of resources. Limited funds can mean that only one or two clinicians are on call at any time, limiting their ability to travel widely across the region in case there is a need for an emergency response elsewhere. Clinician pay has also led to dramatic levels of workforce shortage and staff vacancy. Expansion of mobile outreach staff has felt untenable given the difficulties in hiring.

EMBEDDED SOCIAL WORKERS/CLINICIANS AT LAW ENFORCEMENT SITES

In this model, designated agency mental health clinicians work out of a local police department, sheriff's department, or state police barracks. Together, law enforcement, embedded clinicians and dispatchers decide what type of response will best suit the situation. Embedded clinicians follow up after crisis interventions with support and referrals. Unique skills include crisis intervention, de-escalation and screening for inpatient care; expertise in substance use disorders and mental health conditions; knowledge of community resources and available benefits for people in need; expertise in cultural diversity, inclusion, and equity; and referral to appropriate DA/SSA services and supports. Results can lead to reduced need for law enforcement intervention, arrest, and incarceration; reduced response time; and greater access to treatment.

Funding Source: Many of these positions were originally funded through Act 79 Enhancements of 2011, which are now part of the DMH budget for Mental Health Services.

Regions: HCRS, RMHS, NKHS, WCMHS, Howard Center (police departments). HCRS, NKHS (sheriffs' departments). HCRS, NCSS, NKHS (state police).

COMMUNITY OUTREACH / STREET OUTREACH – CHITTENDEN COUNTY

Community Outreach: Designated agency outreach specialists work in community settings, while working collaboratively with local law enforcement. They reach Vermonters with unmet social service needs, often due to (but not limited to) mental health and/or substance use disorders as identified by the individual or by others in the community. They support individuals/families, neighbors, businesses, community hotspots, housing authorities, healthcare and provider locations through proactive outreach and response to calls. Collaboration with law enforcement includes proactive response (40% in FY19), assisting law enforcement (31%), and diverting the need for law enforcement involvement (29% of responses).

Funding Source for Community Outreach (FY19): Coalition of towns – 44%; DMH – 37%, UVMHC grant -18%.

Street Outreach: 4 FTE specialists collaborate closely with Burlington Police Department (BPD): attend daily roll-call, respond, often with police, to dispatch calls related to social service needs. Specialists engage in proactive problem solving and coordination of services regarding social service/public health needs with BPD. Occasional collaboration with START program, Howard Center's peer community recovery team.

Funding Source: The city of Burlington, UVMMC, United Way, other community donors.

Region: Chittenden County. Street Outreach is Burlington; Community Outreach is Colchester, Shelburne, Williston, Essex, South Burlington, Winooski, Richmond.

More information on Emergency Services Best Practices, including best practices specific to collaboration with law enforcement, is available [here](#).

Collaborations with Law Enforcement by Agency Catchment Area

Agency/Region	Current Model FTEs? Embedded where? Funded by?	Discussions about future potential partnerships	Additional Notes
Clara Martin Center/Orange County	N/A	In discussion with St Johnsbury State Police Barracks.	
Counseling Service of Addison County/Addison County	N/A	Multiple conversations with both New Haven VSP Commander Matt Daley and Middlebury PD Chief Tom Hanley. We are all highly motivated to implement.	
HCRS/Windham and Windsor Counties	<p>5 FTE (37.5 hrs/wk) Social Worker/Liaison embedded at: Hartford PD; Springfield PD; Bellows Falls PD; Brattleboro PD; VSP Westminster Barracks. These are all funded by Act 79 Funds.</p> <p>1 PTE (22.5 hrs/wk) Social Worker/Liaison embedded between Wilmington and Dover PD's and Windham County Sheriff (Funded by the COSU grant)</p>		There has previously been discussion about the desire to have an additional part-time, after hours PSW at Brattleboro PD.

Howard Center/Chittenden County	Community Outreach and Street Outreach (4FTE). See above for FTEs and funding.	HC is in communication with BPD/City of Burlington about the potential of funding two additional FTE for Street Outreach.	
Lamoille County Mental Health Services/Lamoille County	N/A	In early discussions with VSP, Lamoille County Sheriff's Dept about possible embedded workers. Bob Lucas at VSP out of Williston and Roger Marcoux at LCSD in Hyde Park.	
Northeast Kingdom Human Services/Essex, Caledonia, Orleans Counties	2 FTE positions working evening through weekend shift. 1 in Orleans County Primarily with Newport City Police and shared with VSP and Orleans County Sheriff's Dept. and the other in ST J Primarily at VSP and shared with St J Police Department. Funded fully by NKHS at this time.	Increase staffing to expand the schedule.	NKHS would like to offer more street outreach services. NKHS would like to offer additional positions to expand the schedule to be available to police by an additional staff at each County. Having these positions fully funded would be great.
Northwest Counseling and Support Services/Franklin, Grand Isle Counties	1 FTE embedded with St Alban's State Police Barracks. Originally funded by Act 79.		
Rutland Mental Health Services/Rutland County	1 FTE embedded in Rutland Police Dept.		RMHS leadership met with the Rutland mayor and chief of police about a year ago. They are very interested in adding another clinician/case manager position but didn't have the

			funding at that time.
United Counseling Services/Bennington County	N/A	On 8/25 Assistant Director of ES Jason Fleming met with Bennington PD chief Paul Doucette and Lt Camillo Grande and at this point all parties are extremely interested in pursuing an FTE.	Both UCS and the BPD are very motivated to get this moving and would be available to speak in person or electronically with whomever would require more information.
Washington County Mental Health Services/Washington County	1 FTE clinician embedded in Barre City PD and Montpelier PD. Position is split evenly between the police departments. Funding is 50% through DMH; 25% from Barre City; 25% from Montpelier	None at this time. VSP in Middlesex has expressed interest in this model historically but didn't have funding to support the position.	This is a one year funded position. We will need to explore funding for sustainability moving forward. The position is funded through 8/31/21.

Note on Peer Involvement: While Emergency Services Teams make referrals to peer supports within our outside of each agency, most agencies do not yet have peer staff embedded within their Emergency Services programs. Howard Center’s START program offers peer recovery supports seven days a week through community outreach, telehealth, and telephone, in collaboration with community partners. Local Adult and Child Standing Committees, which are made up of agency consumers representing individuals with lived experience and their families, oversee and influence the operation of Emergency Services programs.