

Comparison Chart

	Street Outreach	Embedded Clinicians with Law Enforcement	Designated Agency Emergency Services	New! Mobile Crisis
Who is Calling?	<ul style="list-style-type: none"> • Self-referred • Current service providers • Law Enforcement • Merchants • Concerned community members. • Family/friends 	<ul style="list-style-type: none"> • Anyone needing police services (dispatched with law enforcement to calls related to mental health, substance use, and other social service needs) 	<ul style="list-style-type: none"> • Current clients served by Designated Agency • Anyone that knows about the Community Mental Health Agency in their county. • Emergency Department/courthouse personnel 	<ul style="list-style-type: none"> • Any individual, family, or community member calling about a mental health or substance use crisis.
What service is being provided?	<ul style="list-style-type: none"> • Outreach services to adults, young adults, and families • Outreach to businesses, and law enforcement to coordinate support for individuals who have mental health, substance use, housing, or other social service needs 	<ul style="list-style-type: none"> • Provide crisis support. • Provide referral to resources that offer support and treatment 	<ul style="list-style-type: none"> • Crisis call lines by region. • Mobile crisis outreach in community as resources are available (varies by region) • Emergency screenings for safety (suicidal and/or homicidal) and reassessments • Emergency screenings for inpatient hospitalizations • Court house screening for inpatient level of care • Postvention and community emergency disaster response 	<ul style="list-style-type: none"> • Crisis call line. • Community-based rapid response mobile crisis services <ul style="list-style-type: none"> ○ Mental health and substance use screening and assessment. ○ Stabilization and de-escalation; and ○ Coordination with and referrals to health, social and other services and supports, as needed. • Follow up stabilization services up to 3 days for adults and 7 days for children/youth
What are the hours of operation?	<ul style="list-style-type: none"> • Varied per county. • Mostly daytime hours/5-7 days a week 	<ul style="list-style-type: none"> • Up to 40 hours a week • Typically, weekdays/daytime hours 	<ul style="list-style-type: none"> • Crisis call lines available 24/7; however, teams are not mobile in the community 24/7. 	<ul style="list-style-type: none"> • Mobile 24 hours a day/ 7 days a week/ 365 days a year

	Street Outreach	Embedded Clinicians with Law Enforcement	Designated Agency Emergency Services	New! Mobile Crisis
Who is responding?	<ul style="list-style-type: none"> Typically, a single (one) associate or bachelor level staff 	<ul style="list-style-type: none"> Typically, a single (one) associates or bachelor level staff accompanied with law enforcement 	<ul style="list-style-type: none"> Typically, a single (one) non-licensed staff (at times partnering with law enforcement) 	<ul style="list-style-type: none"> Services must be delivered by a 2-person multi-disciplinary team that includes at least one mental health or substance use health care professional (at a minimum bachelor's level) and other professionals or paraprofessionals with expertise in mental health or substance use crisis intervention (can be a trained peer) One member of the two-person team can be present through telehealth. Training requirements must be met; must include trauma-informed care, de-escalation strategies, and harm reduction
Are peers included?	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Not typically 	<ul style="list-style-type: none"> Yes
How is the program funded	<ul style="list-style-type: none"> Medicaid (54% FMAP) Mental Health Block Grant 	<ul style="list-style-type: none"> Vermont State Police General Fund 	<ul style="list-style-type: none"> Medicaid (54% FMAP) 	<ul style="list-style-type: none"> Enhanced-match Medicaid (85% FMAP) through 3/2027. States can get federal matching funds for activities related to delivery of community-based mobile crisis, call centers, other crisis stabilization services, and 988 system integration.

	Street Outreach	Embedded Clinicians with Law Enforcement	Designated Agency Emergency Services	New! Mobile Crisis
Where is the service being delivered?	<ul style="list-style-type: none"> In the community Service is only available in two counties (Chittenden & Washington) 	<ul style="list-style-type: none"> Through all 10 State Police barracks responding to their community's needs 	<ul style="list-style-type: none"> In the community In office Over the phone In emergency departments Court house All 10 Designated Agencies covering the State. 	<ul style="list-style-type: none"> In the community In office Services must be provided outside of a hospital or facility setting. Statewide
Emergency Department as the site?	<ul style="list-style-type: none"> No, but could refer clients to the Emergency Department 	<ul style="list-style-type: none"> No, but could refer clients to the Emergency Department 	<ul style="list-style-type: none"> Currently between 12.1-14.9% from FY2019-2021, with an annual average of 13.5% are in Emergency Departments. 	Explicitly not allowable.
How is coordination of care handled?	<ul style="list-style-type: none"> If a current client, DA has access to Electronic Health Record which includes treatment plan. If it is not a current client, there is no centralized database. 	<ul style="list-style-type: none"> If a current client, DA has access to Electronic Health Record which includes treatment plan. If it is not a current client, there is no centralized database. Clinical information obtained through the electronic medical record is not shared with law enforcement (HIPAA) 	<ul style="list-style-type: none"> If a current client, DA has access to Electronic Health Record which includes treatment plan. If it is not a current client, there is no centralized database. 	<ul style="list-style-type: none"> It is part of the follow up services to coordinate the care. At this time, there is no centralized database.
What are the reporting requirements?	<ul style="list-style-type: none"> Total # of contacts % of current clients Primary presenting concern Referrals made 	<ul style="list-style-type: none"> Date & time Age & gender Town of residence Type of contact 	<ul style="list-style-type: none"> Location of assessment Length of service Diagnosis Required to document: <ul style="list-style-type: none"> Identified issue 	<ul style="list-style-type: none"> Draft minimum elements include: <ul style="list-style-type: none"> Average Response time Response time % within 60 minutes

	Street Outreach	Embedded Clinicians with Law Enforcement	Designated Agency Emergency Services	New! Mobile Crisis
	<ul style="list-style-type: none"> • Law enforcement involved • Proactive Community outreach Supports • Outcome (#) is the emergency Department • If Emergency needed, means of transport • Level of distress 	<ul style="list-style-type: none"> • Risk factors & presenting problem • Reason for mental health service • Amount of travel time to scene • Location of contact • Referrals • Time spent collaborating with law enforcement • Time active on scene • Number of contacts made on scene • Outcome • Substance related 	<ul style="list-style-type: none"> ○ Issue addressed ○ Collateral contact info ○ Clinician's assessment ○ Disposition or plan • # Crises where ES responded with law enforcement • # Peer specialists in ES 	<ul style="list-style-type: none"> ○ Location of service ○ MCT provider types who responded to the crisis ○ Disposition of crisis ○ Percentage of individuals who are not admitted to 24-hour level of care, who receive follow up services by the MCT within 48 hours ○ Client demographics • The remaining reporting requirements are under development
How is the oversight managed by the State?	<ul style="list-style-type: none"> • Annual report • Contract administrator oversight 	<ul style="list-style-type: none"> • Annual report • Department of Public Safety oversight 	<ul style="list-style-type: none"> • DMH Care Management team contacts with Emergency services and review of all involuntary clients waiting in Emergency Rooms • Qualified Mental Health Professional (QMHP) training every two years • Designation Reviews 	<ul style="list-style-type: none"> • Department of Mental Health staff will have oversight • More information to be determined