



State of Vermont
Department of Public Safety
45 State Drive
Waterbury, Vermont 05671-1300
<http://dps.vermont.gov/>

Testimony by Mourning Fox, Director of Mental Health Programs, Department of Public Safety

February 20, 2024

Good afternoon and thank you for allowing me to present to you information related to the Department of Public Safety's (DPS) Embedded Crisis Specialist Program within the Vermont State Police. I came to the DPS about 2 and a half years ago. When I came on board here from DMH, there were two of these positions with the State Police. Today we have 11 spread out in nine of the ten Barracks and represent 9 of the 10 Designated Agencies.

COST:

- Original cost estimate was \$75,000 per FTE
- DPS's current budget for the program is \$600K funding 8FTEs at the original cost
- Re-evaluated current program costs are \$117,000 per FTE
- Total program costs \$1.404M, for potential of 12 FTEs
- DPS budget shortfall \$804,000
- In FY24, DPS was able to utilize CF funds to bridge this shortfall as the program initially rolled out slowly, and not all funds were spent from FY21-23
- In FY25, DPS will need \$804k added to its budget to maintain the existing capacity of 12 FTE crisis specialists
- Without this money, DPS will have to cut 7 FTE (contractors)
- In FY25, DPS aims to increase the number of crisis specialists from 12 to 20 to facilitate availability to every day of the week
- Total cost of expanded program is \$2.34 million
- Current shortfall of \$1.74 million



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As you will see in the data, there is some inconsistency in what is being reported. This is due to the DAs having varied Electronic Health Records and what type of documentation can go into their EHR. The staff at NKHS were best able to capture their actual amount of contacts with individuals or contacts related to individuals they are working with. Since many of the people that the Embedded Workers are coming in contact with are not open to a DA, or active clients, it is difficult for some to be able to track this within their EHR. As a result of seeing these inconsistencies, we have developed a new data collection format that can be universally used by the Embedded Workers which will be better able to capture all the various contacts they are having. This new data capturing system is set to begin rolling out next month.

total contacts FY 23	
CMC*	0
UCS	78
HCRS	124
HC*	0
NCSS	185
NKHS	518
RMH	129
CSAC	40
LCMHS	35
WCMH*	48

*Clara Martin Center (CMC) has not been able to hire. HCRS is now advertising this position as well to aid in finding a candidate. Howard Center (HC) hired during the last month of FY23. Washington County Mental Health (WCMH) hire halfway through FY23.

Crisis Specialist's Educational Backgrounds:

Of the 11 Embedded Crisis Specialists, none of them currently hold a professional license. Three have Master's Degrees in Human Service field, six have Bachelor's Degrees in Human Service field, 2 with Masters of Divinity. All the Embedded Crisis Specialists receive clinical supervision from their Designated Agency where they participate in both individual and group supervision. They also receive Group Supervision with myself (I am a Licensed Mental Health Counselor) on a monthly basis. They also participate in Peer Supervision with all the Embedded Crisis Specialist. And finally, on a monthly basis each Embedded Specialist meet with myself, their clinical supervisor from their DA along with their Barracks Commander. This robust supervision and oversight was created in mind to help insure fidelity across the state in these positions.



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Types of Calls:

The Embedded Crisis Specialists respond to all manner of calls. The most common calls they respond to are for general mental health concerns and suicidality. The range of calls is quite large; from acting out youth in homes and schools, to elders who have walked away from their supports due to dementia and other age-related disorders. These Crisis Specialists have responded to motor vehicle accidents, domestic violence situations, suspicious persons calls, and missing persons to name a few non-mental health coded calls. They have responded to schools, businesses, houses of worship and local community social service organizations like shelters, motels and food shelves.

Hours Worked:

All the Embedded Crisis workers are full time and work out of the barracks where they have a desk, phone and computer with the other Troopers in the barracks. The actual hours they work varies from barracks to barracks. The hours they work, or the shifts they work, are based on historical need for each barracks. So, in essence, one specialist may work five days a week during typical day shift (9-5), while another works more of a swing shift (11-7), and yet another works 2 day shifts, 2 evening shifts and one swing shift. During their shifts, they may be responding to calls, consulting with various community partners in an effort to help someone they are in contact with, and often are consulting with other Troopers about calls they unable to go to directly due to being already engaged in another call, or because the call happened during their off hours. Like with any Emergency Response, there are times when they are needed in three different places at once and then there are times when things are a bit slower.

Challenges/Opportunities related to expanding this workforce:

Seven of our ten barracks have one Embedded Crisis Specialist, and two barracks (Williston and Shaftsbury) currently have two Embedded Specialists (only one of the barracks is the position currently vacant). As you can see, even though we grew the number of Embedded Specialists from FY22 to FY23, and the number of cases coded Mental Health as a primary code grew by almost 20%, these workers were only able to be involved in about 36% of these cases. This is primarily due to two factors, first, with one Embedded worker in most barracks, they can only respond to one call at a time and when there is more than one call happening at the same time they are unable to respond to the other calls. The second reason for this is when the Mental Health related calls occur during the off hours when there is no Embedded Crisis Specialist to respond. By increasing our number of specialists, we will be able to



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cover seven days a week and even have some days with double coverage allowing us to respond to more of the calls directly.

Mobile Response and Psychiatric Urgent Cares:

AS DMH has been ramping up the role out of the new Mobile Crisis Response program, we have been in contact and are having ongoing discussions around how the two programs can support each other, while each maintaining its individuality. While the Embedded Crisis Specialists are not considered a part of the two-person response of the Mobile Crisis Response, their collaboration and coordination is crucial to meeting the needs of Vermonters. In addition to this collaborative work, the DAs that have or are standing up various types of Psychiatric Urgent Care facilities have become a new resource for the Embedded Specialists in those areas. Also, since the Embedded Specialists meet together regularly, information about these new resources are shared amongst them.

Embedded Crisis Specialist Contacts Relative to all Mental Health Coded Calls:

With two Designated Agencies not having hired an Embedded Worker during FY 23, the Embedded Crisis Specialists had 1109 contacts statewide for FY 23. According to Department of Public Safety data in CY 2022, 2590 contacts were coded as Mental Health being the primary reason for contact with Vermont State Police. In the 2023 CY data the number of contacts with a primary code of Mental Health reached 3397, or an increase in demand for mental health support by almost 30%.

In FY 2022, Crisis Specialist contacts made 933 contacts of the 2590 coded mental health calls for the VSP. This represents only 36% of all mental health calls that VSP responded to. FY 2023, Crisis Specialist contacts represented only 32% (1109 contacts of the 3397 coded mental health calls) of all VSP contacts coded as primary mental health. This supports the above data that there is an increase in demand related to mental health supports and even with increased coverage of Embedded Crisis Specialists, the overall percentage of Crisis Specialists being involved in mental health calls has remained even.

Emergency Department Usage after Contact with Crisis Specialist:

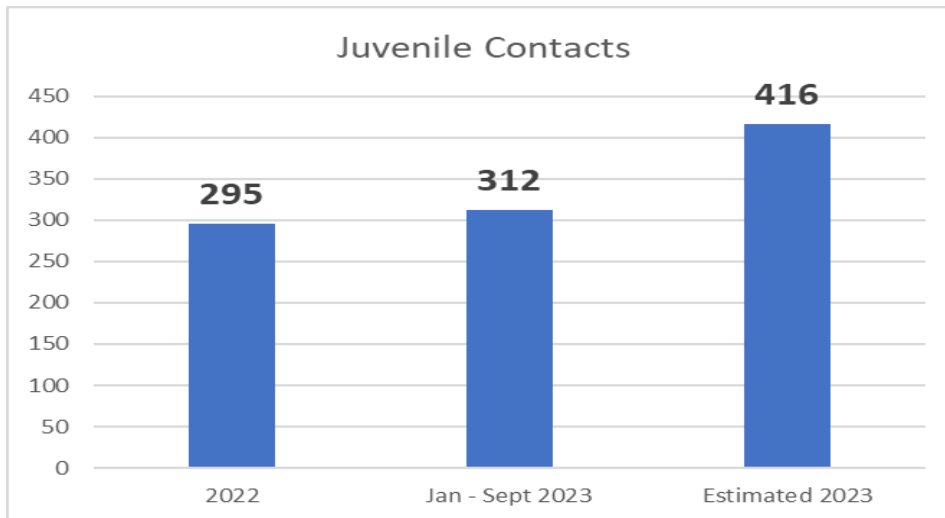
During FY 23, the Crisis Specialists had 1109 contacts with individuals throughout the state. Of these 1109 contacts, only 8% (89) resulted in an Emergency Room visit. Of this, half of those visits were for medical or substance related issues (44) and the other half (45) were for further psychiatric evaluation or to await placement at an inpatient psychiatric unit.



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Youth:

It should also be noted that not only is the overall demand for mental health support increasing, but in cases that involve juveniles, we are seeing an even greater increase in demand. The DPS data, in the chart below, shows that in CY 22 there were a total of 295 contacts that were coded as primary Juvenile and Mental Health. In CY 23, the first nine months show a total of 312 Juvenile/Mental Health contacts (already more than all of CY 22) with an estimated annual total for CY 23 at 416, which is an increase of 40%.

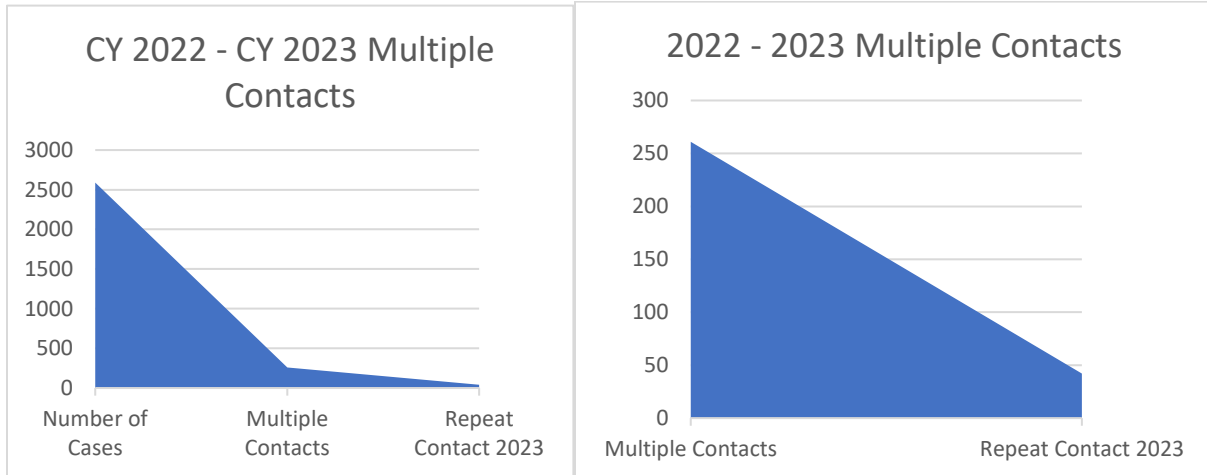


MULTIPLE CONTACTS

- CY 22 total individual contacts coded Mental Health was 2590
- 261 of the 2590 were people who had multiple contacts with VSP-coded mental health in CY22
- Of the 261, 216 (84%) have had no further contact with VSP in CY23
- Only 16% of people who had multiple MH contacts with VSP continued to have any VSP contact in CY23



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Of the total number of contacts in CY 2022, 2590, 261 individuals had multiple contacts. Of these 261 individuals with multiple contacts, only 42 had any contact with VSP in 2023.