



State of Vermont
Department of Public Safety
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Department of Public Safety Report on Embedded Crisis Specialists within Vermont State Police Barracks

January 15, 2025

Submitted by: Jennifer Morrison, Commissioner, Department of Public Safety

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

Statutory language:

“Sec. E.208 DEPARTMENT OF PUBLIC SAFETY; EMBEDDED MENTAL HEALTH WORKERS; REPORT (a) The General Assembly supports the development and maintenance of a comprehensive, coordinated, and equitable system of care that promotes community safety and public health by delivering high-quality, evidence-based, data-driven, and person-centered responses to emergencies. To the extent that funds are appropriated for embedded mental health workers in the Department of Public Safety, they should be used to improve integration, continuity, and consistency of care between every part of the system, including regional dispatch, homes, schools, clinics, and the streets in order to meet people where they are with responses that most appropriately and effectively address their needs when they ask for help. (b) On or before January 15, 2025, the Department of Public Safety shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare with measurable outcomes on the results of the Department’s embedded mental health worker program to date, by barrack, and on the Department’s collaboration with the Department of Mental Health to achieve a coordinated and integrated system of care, including how this program works with 988,



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with the statewide Mobile Crisis Response program, and with the designated and specialized service agencies.”

The end of FY 2024 saw some growth in the Crisis Specialist Program within the Vermont State Police. As FY 24 closed in June of 2024, the VSP had 10 positions covering 9 of the 10 Barracks throughout the state. In FY 24, a second position was created out of the Shaftsbury Barracks that was shared with the local Bennington Police Department (BPD) with the Crisis Specialist working with BPD 3 days per week and VSP 2 days per week. The town of Bennington saw the benefit of this position and they were able to secure funding to hire their own embedded crisis specialist. VSP then worked with United Counseling Services of Bennington County to interview and hire a new embedded specialist with the VSP barracks so that they now have two full-time positions available for VSP needs.

In the FY 25 budget that was signed into law, the Department of Public Safety was allotted funds to allow the VSP to increase its total number of embedded Crisis Specialist up to 18, moving us closer to our goal of having at least two embedded Crisis Specialists in each barracks. Two Crisis Specialists left their positions during this review period, in addition to the one that left the Shaftsbury Barracks to work within the Bennington Police Department, bringing our total numbers down by 3. With the addition of the staff in Shaftsbury from United Counseling Services, and the addition of 3 new staff from the Northeast Kingdom Human Services at the Derby and St. Johnsbury barracks, our current number of Crisis Specialists is at 13. We are continuing to work with the local Designated Agencies in advertising and recruiting for the remaining 5 positions. Currently, 4 of the 10 Barracks have two embedded Crisis Specialists, providing these stations with up to 7 days a week coverage and expanded hours. Below is the current breakdown of the number of Crisis Specialists embedded at each barracks and their budgeted amount.

Designated Agency	State Police Barracks	Current # of MHCS	Budgeted # of MHCS	Call Signs
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Health Care and Rehabilitative Services (HCRS)	Royalton	1	2	1714
United Counseling Services of Bennington (UCS)	Shaftsbury	2	2	1707 1708
Health Care and Rehabilitative Services (HCRS)	Westminster	1	2	1704
Howard Center (HC)	Williston	1	1	1710
Northwest Counseling and Support Services (NCSS)	St. Albans	1	2	1703
Northeast Kingdom Human Services (NKHS)	Derby	2	2	1706,1717
	St. Johnsbury	2	2	1709,1716
Rutland Mental Health (RMH)	Rutland	1	2	1711
Counseling Services of Addison County (CSAC)	New Haven	1	1	1715
Lamoille County Mental Health Services (LCMHS)	Williston	1	1	1712
Washington County Mental Health (WCMH)	Berlin	0	1	1705
Total		13	18	

Over the past several years, data collection has been difficult due to working with several different Electronic Health Records from the Designated Agencies which do not communicate well with each other. Another challenge has been that so many of the tasks



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of the embedded Crisis Specialist fail to fit in with traditional clinical data collection methods. The embedded Crisis Specialist role is unique, unlike a clinician or case manager, the embedded Crisis Specialist interventions are in real time, rarely scheduled, and with individual/families/groups that are often under high emotional distress. Their job requires the ability to triage complex situations; to de-escalate, translate, navigate, motivate, educate, assess risk, safety plan, support and offer and assist in connecting to appropriate resources.

Due to the extensive and varied work of the embedded Crisis Specialists, their daily interactions with troopers and the community are not adequately represented. In addition to the face-to-face time, embedded Crisis Specialists perform countless hours of intensive work to include collaboration, research, gathering collateral information, establishing community connections, identifying potential risks and mitigating additional harm, safety planning and education. All of this is often done in unorthodox locations (i.e. side of the road, cruisers, parking lots, businesses or private homes).

This data cannot capture the enhanced quality of service. The community consistently reports how valuable it is to have the MHCS available in real time to support individuals or families in crisis (an example of feedback is provided at the end of this report). VSP's Crisis Specialist Program continues to evolve and adjust in response to changing environments, policies, procedures and personnel.

In order to gather data that more accurately reflects the work the Crisis Specialists engage in; the Department of Public Safety, with input from the Crisis Specialists and technical support from a VSP Trooper, developed a universal data system to be used to collect information from all the Crisis Specialists outside of their respective Electronic Health Records (EHR) and combines rich data in real time demonstrating a more accurate representation of the MHCS work. This new data collection system was piloted from April 2024 through June 2024 and went live July 1, 2024.

In past years, data from the VSP data system, Valcour, was used to determine the number of contacts embedded Crisis Specialists had by reviewing Valcour data to see where Crisis Specialists were "attached" to cases. Unfortunately, Crisis Specialists often were a part of a case or consulted on a case but were not officially "attached" to the case. This



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“attachment” issue caused under-reporting of the use of embedded Crisis Specialists. For example, during the same time period and using both the EHR/Valcour data and the new secure online form, one Crisis Specialists contacts went from 51 total contacts to 125 total contacts. And with another Crisis Specialist, their data went from 28 cases they were attached to versus 104 cases they were involved in using the new data collection method.

Continual Collaboration with the Department of Mental Health, 988, and Enhanced Mobile Crisis Service

The Department of Public Safety has continued its long history of collaboration with the Department of Mental Health and the Embedded Crisis Specialist Program has been a nexus for this work. DPS continues to contract with the Designated Agencies (DA) for the staffing of the Embedded Crisis Specialists. These staff are a part of the DA’s Emergency Services Teams, and as such, they play a vital role as liaisons between the local mental health/substance use providers and the VSP. The Crisis Specialists have become so integral to the relationship between the Designated and Specialized Service Agencies and law enforcement in general, that many of the Crisis Specialists are now also instructors for the Team Two Program which brings law enforcement and other crisis responders (including EMS, Fire, Mobile Crisis Teams, etc.) together in order to develop a better understanding of the policies/practices/laws that influences each first responders actions and decision making. Team Two is a nationally recognized unique training program that is jointly funded by DMH and DPS.

At the beginning of calendar year 2024, DMH introduced the Enhanced Mobile Crisis Service. “The program is available 24/7/365, offering services to anyone experiencing an emotional, mental health, or substance use emergency. The service model includes a two-person team that delivers support right in the community where the crisis occurs. This approach ensures that individuals of all ages receive timely and appropriate care in a setting that is most comfortable for them.” When responding to a crisis using this two-person model, each DA receives increased reimbursement for the services. Due to staffing shortages and the need for the DAs to significantly increase their number of clinicians and peers, the use of the embedded Crisis Specialists as part of this two-person response was discussed between DMH and DPS. It was decided that since the Crisis Specialists are



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funded directly by DPS for services and availability, that they would not be available to be a part of these teams from a billing perspective (this is to avoid the possibility of a DA being paid twice for a clinician’s services), however, that when clinically appropriate, the Crisis Specialist can co-respond, support, or assist in any way, the DA would just not be able to receive the increased reimbursement for the service. Crisis Specialists around the state have responded with other clinicians and peers to provide these supports to Vermonters.

988 is the National Suicide Prevention Hotline and is answered by staff from Northwest Counseling and Support Services and the Northeast Kingdom Human Services. The 988 call takers communicate outreach needs to local Designated Agencies when indicated. The Designated Agency will then collaborate, plan, and sometimes co-respond with the embedded Crisis Specialist if there is a law enforcement nexus or if there are identified safety concerns that indicate a need for law enforcement involvement. Having the Crisis Specialist be a part of the response when law enforcement assistance is sought, aids in the communication and collaboration between the various first responders and helps ensure a safe and positive outcome for all parties involved.

Embedded Crisis Specialist Data

Due to the issues described above regarding under-reporting and other data concerns, this report will focus on data that is being currently gathered using the new secure online form. The data will reflect information from July 1, 2024 through December 31, 2024.

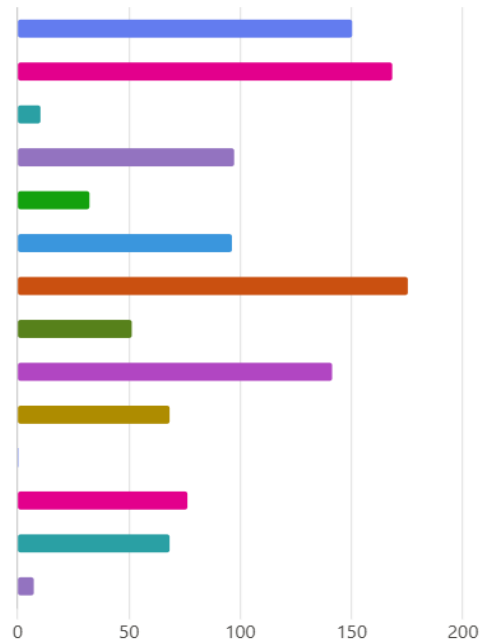
During the six months with the new data collection system, Crisis Specialists have had 1139 contacts. The chart below shows the number of contacts broken down by “call sign”. Each Embedded Crisis Specialist is assigned a unique call sign. The call signs with “0” or very small numbers are due to the fact that there is not a person in that position currently or just recently began in that position.



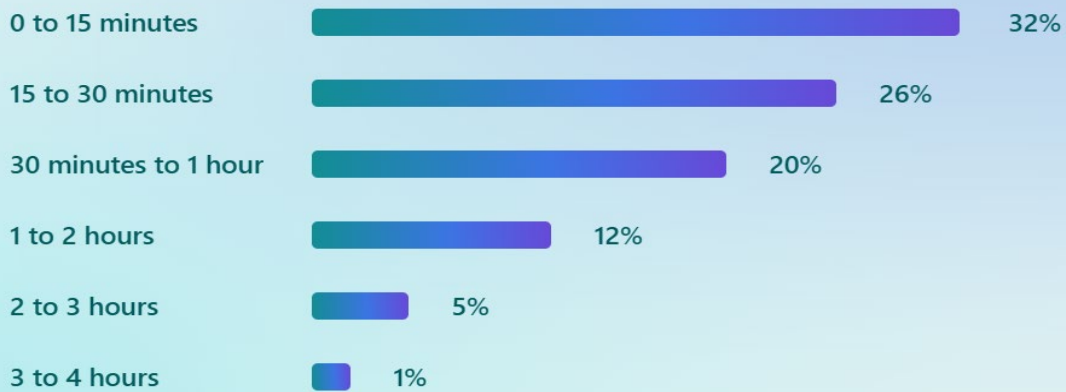
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2. Call Sign

● 1703	150
● 1704	168
● 1705	10
● 1706	97
● 1707	32
● 1708	96
● 1709	175
● 1710	51
● 1711	141
● 1712	68
● 1713	0
● 1714	76
● 1715	68
● 1716	7



Time Spent Related to this contact

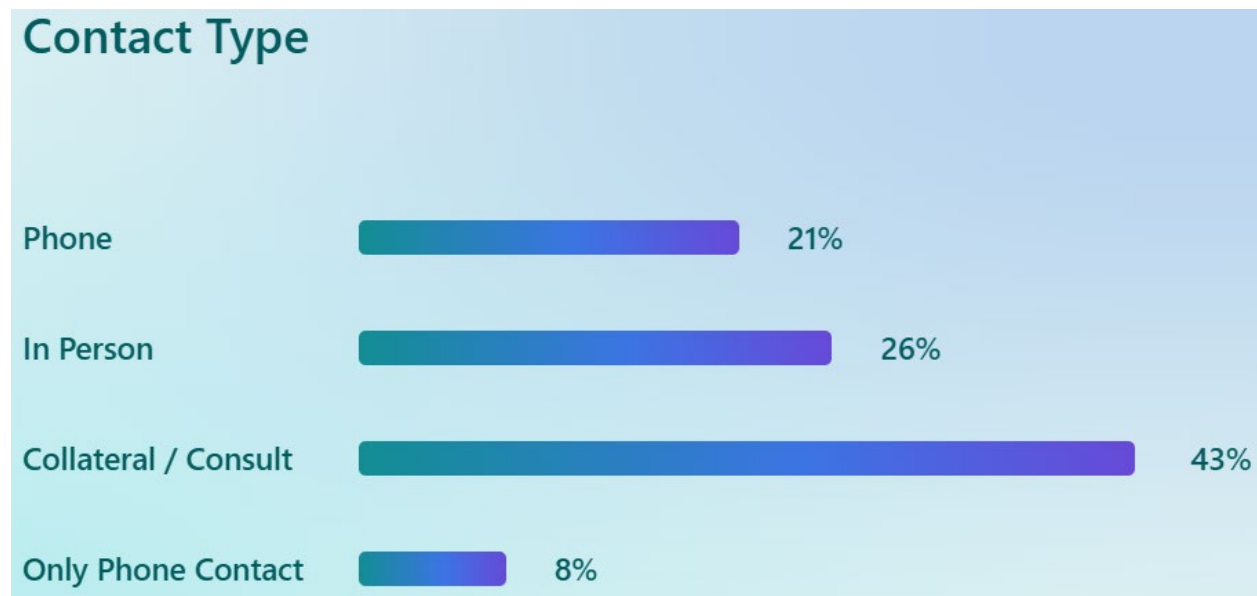




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As noted above, of the 1139 contacts so far, over 75% of these contacts are able to be resolved in under an hour.

Crisis Specialists not only respond into the community with Troopers for face to face interactions, they also provide supports, assessments and referrals via telephone. In addition to the direct service work of these face-to-face interactions and telephone interventions, the Crisis Specialists also provide consultation to VSP Troopers, other local law enforcement agencies, Designated and Specialized Service Agencies, businesses/organizations, and family and friends of an identified client. In fact, over 40% of Crisis Specialist's contacts are of a collateral/consulting nature. This consulting was not able to be captured in either DA Electronic Health Record or VSP's Valcour system and was, until now, a significant portion of their time that was not visible to those interested in the work of the Crisis Specialists.



The portion above labeled "Only Phone Contact" is referring to phone contacts with individuals who may call 911 frequently or in clusters for various social supports/unmet

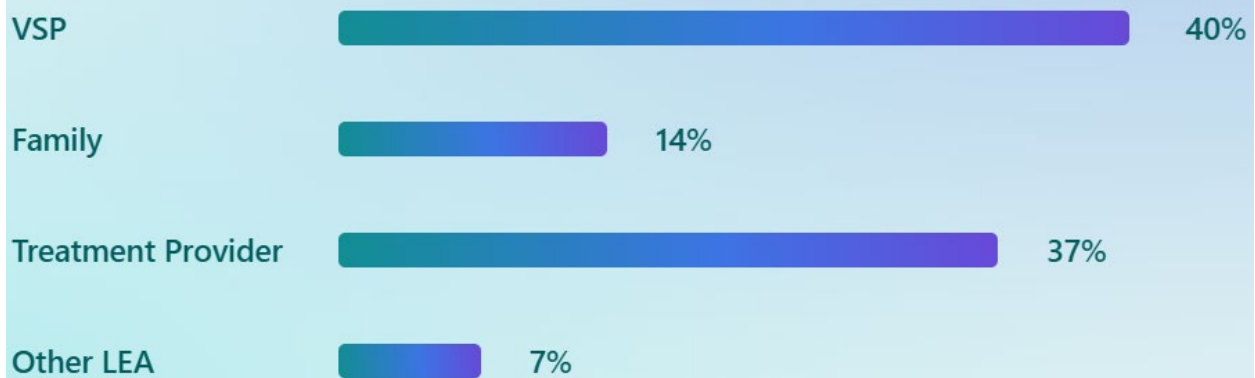


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needs, or due to the course of the person’s illness they are having numerous brief contacts with a Crisis Specialist.

The consultation that the Crisis Specialists provide is primarily to VSP personnel and treatment providers. Since the Crisis Specialists are not available 24/7, there is still a significant number of contacts that VSP has during the off hours. Crisis Specialists provide guidance and recommendations to Troopers about individuals they are having contact with during the hours that no Crisis Specialist is available. Consultation with other treatment providers happens both pre and post contact depending on the circumstances to ensure appropriate follow up is coordinated as well as having all pertinent information prior to a face-to-face contact.

Collateral / Consult



*LEA=Law Enforcement Agency

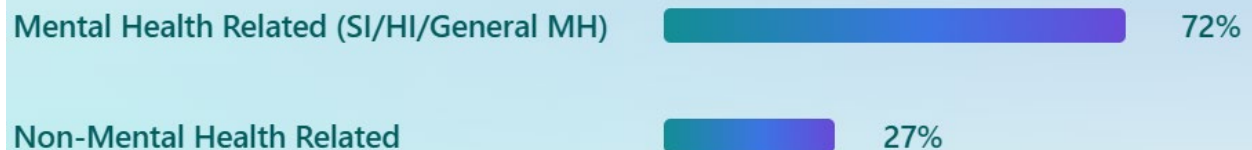
Crisis Specialists respond to a wide variety of call types. As would be expected, call types that are mental health related (Suicidal/Homicidal person, psychosis, general mental health needs, etc.) are the predominant type of contact. However, almost 30% of contacts are not mental health related calls. Non-mental health related calls can be as simple as motor vehicle accidents, where the Crisis Specialist can be providing supportive



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counseling to someone injured in an accident or to someone who survived an accident that resulted in another person’s significant injury or death. Providing information to individuals about how the trauma of their accident may present itself in the days following the accident can prevent the individual from showing up in a local Emergency Department due to loss of sleep or uncontrollable survivor guilt. Other non-mental health related calls may be the serving of an Abuse Prevention Order (APO) where the Crisis Specialists skills in de-escalation and knowledge of community resources can be beneficial to ensuring a safe outcome to the serving of an APO.

Call Type



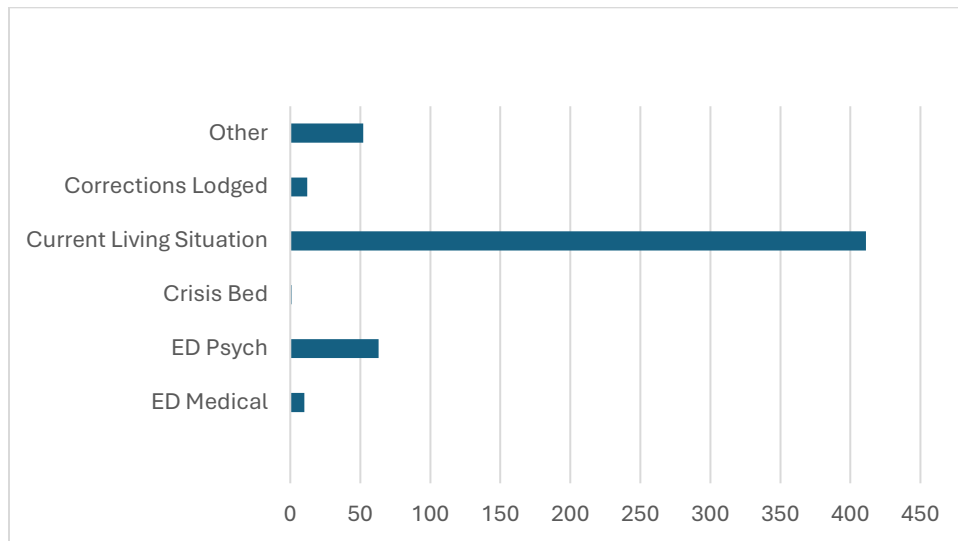
When looking at the Dispositions after Crisis Specialists have had contact with an individual, we found that of the 549 dispositions recorded, 75% of the contacts resulted in the person remaining in their home or current living situation. It is well established that remaining in one’s home and community aids in continuing recovery from a mental health crisis. To this end, Crisis Specialists strive to have people remain in their homes as much as possible. We also saw that 12% of direct client contacts (face-to-face and telephone) were referred to the Emergency Department for inpatient psychiatric treatment, this is in line with and under the recommended ED utilization for DMH’s Enhanced Mobile Crisis Service. Of this number of people referred to the Emergency Department for inpatient psychiatric treatment, 63% of them went on a voluntary basis. It has been a stated goal of the Embedded Crisis Specialist Programs that we strive to build relationships with our



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community members and as a part of that relationship building our goal is to avoid being involved in involuntary treatment as much as possible. With only 12% of contacts going to the ED for psychiatric needs and 63% of those being voluntary, we appear to be well on track to keeping our involvement in involuntary treatment to a minimal amount. In addition to these dispositions, 10% of contacts were marked as “Other” and had dispositions such as Public Inebriate programs, DCF custody, corrections for detox, etc.

DISPOSITIONS



Feedback from the Community

The unsolicited feedback below from a community member has been de-identified.

“Dear Christine, Trooper Cole, Sargent Jason, Lt. French - and anyone that worked on my parents' case:

Hi from X and Y.

My mother, Y, and I, want to thank you from the bottom of our hearts for the work you did on R's case.



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This email of thanks is a little late, as I've barely had time to catch my breath with all the things I am doing to support my mom and get a lot of new systems in place to get her in a stable living situation - along with all that comes with knowing the Restraining Order in place for her, but we wanted you to know as soon as possible how grateful we both are for the work you do. I know it is your job, but regardless the work you did was profound and we are so grateful for you; we don't have enough words of respect and awe for what the VT State Police gave for us.

The work you did to understand someone's mental illness all while doing the incredible work you already do is incalculably present for the population of Vermont.

Having a mental health worker, Christine, is not something I expected or even knew could exist in a situation as this, but who gave Y and I an incalculable amount of support and allowed my mother and I to be able to weather this catastrophe with hope instead of with sheer fear and terror. She was instrumental in leading us through this, and ensuring, to the best of her ability, that R's mental illness was being addressed, which we feel allowed lives to be both protected [and] saved. We also believe she was able to make the positive outcome possible. She most respectfully was able to help my mother realize she needed an order of protection. I don't have enough words of gratitude to Christine for this.

Trooper Cole's work on our case, we know, made the difference. His compassion, presence, patience, depth understanding of mental illness, his belief in de-escalation, made the positive outcome possible. I also cannot thank him enough for the work he is doing and the understanding he brings to his work.

I am writing because I am truly in awe of the fact that Christine and her position exists and the work she did with us exists. I don't have enough words to tell you the positive impact she made on my family.

We have no doubt that without the way the whole de-escalation team operated during this, R would without a doubt be either dead or gravely injured as well as loss of life of precious police officers. The de-escalation that the team provided R made this possible. He may have been dead without this. While that of course is a possible outcome considering how he has been and treated us, the de-escalation procedures the Vermont State Police along



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with Christine provided, we believe saved all of our lives - we believe it also save the lives of VT Police.

We want to thank you for your patience, compassion, wisdom, bravery, kindness, care, creativity, dedication, flexibility, and especially patience. Please know that there are two people (me and Y) forever thinking of you with care and gratitude.

Because he is alive, he can now work the issues he could not do away from earth, and without being alive, there's not as much hope.

Sincerely,

X and Y”

This is an example of the type of feedback we have received from people who have had interactions with a Crisis Specialist. To date, over the past three and a half years we have not received any negative or critical feedback from community members about the services they received from a Crisis Specialist.

CONCLUSION:

As the number of Embedded Crisis Specialists with the Vermont State Police has grown over the past few years, the amount of successful contacts with positive outcomes has grown alongside the program. We, like all work sectors today, continue to struggle with filling open positions even while continuing to grow the program. In addition, the influence our program has had on the communities is significant. The impact is not only seen in the positive feedback from community members, but with local communities starting their own programs of embedding crisis specialists with local law enforcement agencies. Vermont State Police continues to strive to be a leader and setting an example of how to best serve Vermonters.