



---

**State of Vermont**  
**Department of Public Safety**  
45 State Drive  
Waterbury, Vermont 05671-2101  
[www.dps.vermont.gov](http://www.dps.vermont.gov)

## MEMO

**TO:** HOUSE HEALTH CARE  
HOUSE JUDICIARY  
HOUSE APPROPRIATIONS  
  
SENATE HEALTH AND WELFARE  
SENATE JUDICIARY  
SENATE APPROPRIATIONS

**FROM:** MICHAEL SCHIRLING, COMMISSIONER, DEPARTMENT OF PUBLIC SAFETY

**SUBJECT:** EMBEDDED MENTAL HEALTH CRISIS SPECIALIST PROGRAM

**DATE:** JANUARY 15, 2021

**PREPARED BY:** MOURNING FOX, DIRECTOR OF MENTAL HEALTH PROGRAMS, DEPARTMENT OF PUBLIC SAFETY

---

This memo reflects the updates based on the legislative request in Act 154,

“The Department of Public Safety shall collaborate with the Department of Mental Health to develop a master memorandum of understanding that supports a unified statewide program that incorporates trauma-informed responses and is developed with the ongoing engagement of stakeholders, including individuals with lived experience of a mental health condition or psychiatric disability, those whose identities cause them to experience additional marginalization, and those with direct experience with families in crisis and domestic violence. (3) DPS, in partnership with the Designated Agencies, shall provide the following reports: (A) on or before January 15, 2021, to the House Committees on Appropriations, on Judiciary and on Health Care and to the Senate Committees on Appropriations, on Judiciary, and on Health and Welfare on the implementation status of this program; and (B) on or before January 15, 2022, to the House Committees on Appropriations, on Judiciary and on Health Care and to the Senate Committees on Appropriations, Judiciary, and on Health and Welfare on: (i) the impact of this program in promoting a better understanding, more effective response, and greater public safety in addressing mental health issues; (ii) the impact of this program in addressing crisis response to mental health and other public safety emergencies, and (iii) the impact of this program on individuals whose mental health issues have led to law enforcement interaction by connecting individuals to ongoing mental health support with the goal of reducing future mental health crises that would require a law enforcement response.”



Please find attached to this memo the final versions of the Memorandum of Understanding (MOU) between the Designated Agencies and the Department of Public Safety/Vermont State Police, and the Mental Health Crisis Specialist (MHCS) Job Description.

Beginning shortly after the legislative session ended in May 2020, the Department of Public Safety and the Department of Mental Health solicited input for the language contained within the MOU as well as the qualifications and responsibilities for the Mental Health Crisis Specialists. Input was sought from the Designated Agencies through Vermont Care Partners, the Executive Director of Racial Equity, Vermont Psychiatric Survivors, National Alliance on Mental Illness (NAMI), Disability Rights Vermont, Vermont Legal Aid, and other interested individuals.

The MOUs were completed and signed in early 2021 and were revised in November 2021 to reflect some changes within the data sets being collected by the MHCS. Some of the data sets being collected had to be adjusted due to the fact that the Designated Agencies do not all use the same electronic health record system, thus not all data was able to be collected or extracted as needed. The revised MOU addresses these shortcomings and clarifies the data to be collected in order to have reliable information to assess the program's efficacy and impact.

There are 8 active Mental Health Crisis Specialists embedded in Vermont State Police Barracks as of December 15, 2021. This represents the following collaborations:

- St. Albans Barrack/Northwestern Counseling and Support Services (NCSS)
- Derby Barrack/Northeast Kingdom Human Services (NKHS)
- St. Johnsbury Barrack/Northeast Kingdom Human Services (NKHS)
- Westminster Barrack/Health Care and Rehabilitative Services (HCRS)
- New Haven Barrack/Counseling Service of Addison County (CSAC)
- Shaftsbury Barrack/United Counseling Services (UCS)
- Royalton Barrack/Clara Martin Center (CMC)
- Rutland Barrack/Rutland Mental Health (RMH)

The remaining positions to be filled are:

- Middlesex Barrack/Washington County Mental Health (WCMH) – currently advertising position
- Williston Barrack/Howard Center and Lamoille County Mental Health (HC and LCMH) – heading into second round of interviews with several good candidates

The hiring process has gone slower than expected and appears to have been impacted by the overall workforce shortages that other sectors have been experiencing. It does appear that there has been more interest in these positions than some of the other typical positions within the Designated Agency system, as most agencies are reporting active engagement with candidates. We have seen a number of well qualified candidates withdraw from the hiring process as they have taken other positions that were offered, and they were reluctant to wait through the hiring and background check process needed for this work.



As the Department of Public Safety embarks on this path of creating alternative responses to people experiencing a mental health crisis, we have been engaging with numerous stakeholders, including but not limited to: NAMI, Vermont Psychiatric Survivors, Mad Freedom, Green Mountain Self Advocacy, Disability Rights Vermont, Alcohol and Drug Abuse Program (ADAP), Department of Aging and Independent Living (DAIL), the Governor's Chief Prevention Officer, the Federation of Family and Children, and numerous individuals who identify as a person with lived experience of a mental illness and interaction with law enforcement. These interactions have created numerous opportunities for better understanding in addressing the needs of those who may be struggling with mental health issues. It is our intention to bring this group of stakeholders together to jointly create the vision for an alternative response model for people in crisis that does not include an armed law enforcement response that can function statewide.

Given that we have recently hired 80% of the Mental Health Crisis Specialists, and most have only been on board for a few months, it is too early to provide data and information related to the overall impact of this program on addressing the crisis response to mental health and other public safety emergencies or the impact on the individuals that are being served through this program. Future updates will be able to address this program's impact on these areas as we start to collect the data from the current Mental Health Crisis Specialists and continue to fill the open positions.

In lieu of presenting data we wanted to provide some comments from a person served, a community provider, and the Mental Health Crisis Specialists.

#### Feedback received from a person who was experiencing a Crisis and met with a MHCS:

Ms. Christine Bullard, VSP - whom personally provided me with dignity - much needed strength, courage & kindness required = Hope to Believe in myself. Ms. Bullard has gone above and beyond providing empathy, security and safety I was so desperately in need. Ms. Bullard - Angel Liaison 😊 \* provided Assistance Required with my PTSD symptoms to navigate Legal system / process. Scheduling tele-conference calls with VT Legal Aid, VT Disability Rights, Newfane Civil Court, the Sheriff's office and even offered Assistance with picking up food & RX. *The World needs more Angels like you...* 😊 Having the experience both as a Mental Health patient and a Healthcare Administrator, I've personally experienced good / questionable treatment when it comes to patient rights. It is a rare gift, to have an Advocate - Legal / Medical professional such as Ms. Bullard in her position Vermont State Police. Education and empathy are the key in making change for us all to be our best.

#### Feedback from a community provider:

An embedded mental health worker received a phone call from a private therapist in the community they serve. The therapist reported that the Mental Health Crisis Specialist had seen one of their private clients over the past weekend and that their work, "saved the life of my client."

#### Notes from MHCS around the state who have begun this work:

I had the opportunity to support VSP Field force who responded to the Canadian border for a kidnaping victim who had also been sexually assaulted. Upon arriving at the border, I worked with Customs to meet with the individual. I supported the individual and explained what her day was going to look like. Throughout the day I supported the individual with our K-9 working with the human trafficking specialist, HIS, Bureau of Criminal Investigation and the family when they arrived. The individual was able to go home with supports, resources, and pictures of her friend K-9 Cooper.



I responded to a domestic with VSP where the husband had some medical issues and was now feeling better and wanting to be independent again. The individual's wife struggled with giving him independence and communicating her concerns. After myself and the Troopers provided support to the couple the situation was resolved. The couple later contacted VSP to thank us for the support.

I supported a male after he "attacked" his wife when she tried to leave. The male had been refusing medical attention and refused to work with anyone for months regarding his mental health and physical health needs. When I arrived, the male had a steel rod and was hitting different object in his garage. The male felt that the objects were people that were trying to get him. With VSP for security I was able to talk with the person for several hours and he eventually agreed to go to the hospital if this writer went in the ambulance with him. The client went to the hospital without incident and received the medical attention he needed.

VSP allowed me to support Franklin County sheriffs with a transgender person who identified as female that was barricaded in her bathroom with a knife. The woman had reported that she had taken pills to kill herself and would kill anyone who tried to come in. The female also repeatedly stated she wanted to die by suicide by cop. The Sheriffs allowed this writer to talk with the female from the hallway. The female eventually agreed to come out without incident. The woman agreed to go by ambulance to the hospital if this writer agreed to stay with her until she was checked in. I rode with her in the ambulance and there were no further incidents, and she was able to fully cooperate with Emergency Room staff.

A warrant was submitted very late at night which was approved. Family was concerned about the individual based on texts and previous statements they had made. Due to the high concern based on the specified plan (including a specified date, access to means and other circumstances) myself and an on-call worker, collaborated with State Police to advocate that this individual should be brought for an assessment by a psychiatrist sooner rather than later. The Trooper and I were able to successfully and safely bring the individual to the hospital for the assessment. During the time of hospitalization, we don't receive any updates if the client does not wish to share. That is what happened with this specific case. It wasn't until a few months later that I received an update from a Trooper. The individual recognized the particular Trooper, just out patrolling, who was part of the transport to the ER that late night. This individual told the Trooper that VSP and the mental health workers who were a part of the warrant saved his life that night/early morning and voiced their gratitude. It was very validating to hear and even though agencies and community partners do not agree at times, this had to be the best outcome of all.

There was a call out to a traumatic event that left 1 person dead, and 1 person seriously injured. VSP and embedded worker in responded in tandem; VSP attended to safety and investigatory needs while embedded worker could attend to basic and emotional needs of those involved. MH provided transportation to the hospital, stayed with individual until family arrived. One of the people involved wrote to the barrack, "Thank you for everything you did for me. I know I could not have survived the events without you."

In attempting to serve a mental health warrant the named individual wanted nothing to do with the police. VSP and embedded mental health worker used phone, text and a trusted friend/family member to establish a connection. All parties kept their distance so that the individual did not flee, and the children in the home were not exposed to the situation. Together all parties collaboratively came up with a solution in which the individual presented themselves to the ED, all while texting the VSP embedded mental health worker, to expedite his wait time, and decreased his fear of being at the ED. The individual was able to access support without VSP and embedded mental health worker being physically present.



Another situation with a mental health warrant- VSP made a plan to intercede after work, but before he got home (that way not to jeopardize his job or impact his family). The individual was appreciative of the Sgt's approach and agreed he needed mental health support. VSP and VSP embedded mental health worker followed him to the ED. The VSP embedded mental health crisis worker accompanied him to the triage room, assisted in connecting with his family so they knew he was safe and getting the help he was needing.

Another individual who was struggling in the community, HCRS wrote a warrant, and it was approved by a judge. The embedded mental health worker established rapport with individual – together embedded mental health worker and other HCRS staff were able to get him to see his HCRS psychiatrist for the needed assessment. This coordination of efforts eliminated the involvement of VSP altogether in this case.

#### Notes from Barrack Commanders related to the work of the MHCS:

Troopers responded to an active DV incident where the female aggressor had attacked a family member and was extremely agitated. This particular female had prior involvements with LE and was known to be aggressive towards officers. When troopers responded, the female was verbally aggressive and became confrontational when she was informed she would be taken into custody for the offense. Troopers and the MHCS read the situation properly and used de-escalation tactics. The MHCS took the lead in the discussion and convinced the female that complying was the best option and successfully de-escalated her. She was taken into custody without incident. In speaking with the troopers who responded, they all agreed that had the MHCS not been there, the interaction would have involved a Use of Force. Their presence significantly contributed to the peaceful outcome.

In mid-November, Troopers responded to a missing hunter complaint in our area. The MHCS accompanied me to the scene as I was the incident commander. The hunter was missing in a very large portion of the national forest and several family members were on scene in the area of his vehicle. The family members, who were distraught and anxious, were considering heading into the woods to look for the hunter. The MHCS was able to meet with them, and helped me explain to them that going into the woods was going to hinder our ability to allocate resources to find the missing hunter. The MHCS was critical in helping convince the family to stay put and allow first responders to do their job. Without their assistance I believe that it would have been very challenging to keep the family from conducting their own search. I was able to use the MHCS as the point of contact for the family so they had a direct line of communication to us, and were provided information updates regularly. The missing hunter was eventually found safe and uninjured later that day.

