The NAMI Vermont Advocacy Committee collected data from sources at the Vermont Community Designated Agencies to provide individuals and families information about what crisis services are available in their service area and how to access them. We hope that this document will help families learn about the resources and options that are available to them.

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Clara Martin Center Counties Served: Orange Website: www.claramartin.org	
Briefly describe your crisis intervention system.	Call 1-800-639-6360 and can ask for Crisis Worker. You can stay on the line give them information for them to call you back. First is phone support. 2nd if you need to see someone, it can be come to the office or a visit from someone. Someone can visit on site. Will send out 2 folks if on site visit and if there is a person on staff familiar with the person, they will be the second person with the crisis team person. Both in daytime and after hours and is a person not a client or know them from other times may call the police to do on site visit with the crisis person. Depending on nature of the call may need EMT's. An example would be possible overdose. After hours still call the 800 number. It will go to an answering service who will send call out to a support person. If needs to be in person, the screener will be paged and possibly will have to be seen at Gifford Hospital. The last resort is an ER visit to Gifford Ctr. Visits from different teams depending on call or actual visit to Clara Martin is first. Sometimes after an assessment an ER visit cannot be avoided.
Is there one or more crisis phone numbers? What are they?	Call 800-639-6360 and ask for crisis worker. After hours still call the 800 number and will go to an answering service who will send call out to a support person.
Who answers calls?	Call answered by Crisis team. Then see above.
What is the process after a call?	First choices are come to the office. Second option a team of a crisis team person and then another staff that knows the person, a police officer, or an EMT. Always 2 folks respond. There are times an ambulance is called before or after onsite evaluation. Especially since covid trying to not have person go to the hospital. Using new hybrid model not of telehealth screening. Clara Martin may use telehealth to help with evaluation if a person is in the ER.
What crisis call training/protocol do the people who answer phone receive?	Emergency clinician training. QMHP training. Access to Lethal Means Training. HIPAA training. Mental Health First Aide training. Assessment training.
Do you have a mobile crisis team or different types of crisis intervention teams?	No specific team. At least 2 folks per protocols above.
When/how do people/clients meet with these teams?	Team goes to the person unless they are well enough to come to Clara Martin Office.

Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	No.
If so, who and what is their contact information?	N/A
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Depending on the severity at office or at home or at ER
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	There are times when this is exactly what may happen. Clara Martin has Chris's Place and Safe Haven. Chris's Place has 2 beds but with covid only one is being used and is residential crisis bed for 1 night to a week. Safe Haven is in the same building and has 4 beds. During covid only 3 are being used. These can be for someone with housing emergency and can stay up to 2 yrs. Can be a step down from hospital. On rare occasions they may go directly to a hospital.

Counseling Services of Addison County Counties Served: Addison Website: www.csac-vt.org	
Briefly describe your crisis intervention system.	There is an emergency team with a crisis clinician available for crisis support services. The team can be reached through the CSAC crisis line. It is staffed 24/7, with 2 or 3 staff during daytime hours and 1 on nights and weekends. There is a crisis bed program (1 bed) known as "the Cottage," primarily for adults. There can be augmentation of the crisis response in certain situations. CSAC has an open dialogue informed process that they can sometimes offer, involving 2 facilitators and the personal network or family of the person in crisis, if all involved are open to trying to take some time to talk together about what's going on, to try to slow things down a bit and see if there are other understandings of what would be helpful. Ideally, the person would take part in some continued follow-up, continue with ongoing treatment from that team. When possible, the team tries to discover plans that are less adverse than hospitalization, alternative responses that might happen that the person in crisis feels are better. CSAC uses a collaborative network approach like that employed by the Howard Center and Bennington.
Is there one or more crisis phone numbers? What are they?	(802) 388-7641. There is one main crisis line number.
Who answers calls?	During daytime hours, the front desk staff at CSAC answer the call. After hours, it is answered by the dispatcher at Porter Hospital. Either way, the person answering collects some basic information and contacts the crisis clinician.
What is the process after a call?	The person answering collects some basic information and contacts the crisis clinician.
What crisis call training/protocol do the people who answer phone receive?	Front desk staff at CSAC (who answer during daytime hours) have experience with many of the community members who might call in and a variety of mental health crisis situations and how best to respond to them. There is not specific training on answering the crisis line per se, but there is sometimes informal consultation with clinicians on how to approach especially difficult situations. Front desk staff do have de-escalation training (though this is focused more on in-person situations which might arise in waiting room). They are planning to do some trauma-informed training in the near future. Erin Greenberg is the coordinator of the crisis team and would be the person to contact for more in-depth questions about specific training, etc.
Do you have a mobile crisis team or different types of crisis intervention teams?	During the week, there is a separate Access Team with coverage specifically for youth crisis services. This team is available through the main crisis line. Specific availability or recruitment of this team depends on what's going on and what the situation is. Access Team has a focus on continuity of treatment relationships with rest of youth and family team. During the weekdays there is some capacity to be mobile with crisis team. Open dialogue is a mobile model so the team might meet in the person's home or a community setting, wherever the person's network feels would be most comfortable for the person in crisis.

When/how do people/clients meet with these teams?	See above/previous answers.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Yes.
If so, who and what is their contact information?	Chris George – He can be reached through the CSAC number or through the New Haven Barracks of the VT State Police (where he is based out of).
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Yes, both. After hours it would most likely be in the Emergency Department.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes.

Health Care and Rehabilitative Services Counties Served: Windsor, Windham Website: www.hcrs.org	
Briefly describe your crisis intervention system	HCRS operates a 24/7 mobile crisis response team, providing phone and in person screening and referral services.
Is there one or more crisis phone numbers? What are they?	1-800-622-4235 (one number)
Who answers calls?	Crisis Intervention Specialists (CIS) answer the phones directly M-F, 8am-5pm (non-covid), and an answering service answers after hours, weekends, holidays and when screeners are unavailable.
What is the process after a call?	The answering service pages a CIS who responds within 15 minutes. If a response is delayed, a backup CIS and supervisor are paged to respond. The CIS determines needs in collaboration with the caller, either offering phone support or arranging in person/telemedicine support. Responses on average to in person screenings are under 30 minutes.
What crisis call training/protocol do the people who answer phone receive?	The CIS are trained crisis responders and often designated as QMHP, receiving the full HCRS Crisis Response training to include risk assessment, de-escalation and Intentional Peer Support. The answering service staff are provided with a script and a workflow to navigate calls and any situations that arise outside of their scope and have access to the HCRS Supervisor on call.
Do you have a mobile crisis team or different types of crisis intervention teams?	Mobile Crisis Response and SAFE Team (providing telephone and in person support to children and clients enrolled in the Developmental Services program-typically de-escalation).
When/how do people/clients meet with these teams?	Community members can access the HCRS mobile crisis team by calling the 800 number, walking in to an HCRS office or going to a local hospital emergency department. Eligible HCRS clients in need of SAFE team services are given the number at the time of enrollment.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Yes
If so, who and what is their contact information?	Christine Bullard, VSP Westminster, 802-722-4600.
Do you provide mental health evaluations at the agency and/or in the emergency dept?	HCRS provides mental health evaluations (Crisis Screenings) based on the needs of the client and associated safety. HCRS screens in the agency, emergency departments, designated hospitals, community settings and client homes. Standard Clinical assessments for eligibility for ongoing services are typically done in the office or using telemedicine, however, we will do assessments for services in other locations as needed.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	This was an option and is available in some instances, and sometimes individuals are directed to the hospital emergency room for medical clearance

Howard Center Counties Served: Chittenden Website: Howardcenter.org	
Briefly describe your crisis intervention system.	There are different levels of their system and includes: · First Call Chittenden which is their crisis hotline for adults, children and families. · The Street Outreach Program is available in Burlington to help connect people to social service needs and connect people to services. They are located downtown and in the Police Dept. but can with or without police and work proactively to reduce crisis with individuals they come into contact with. · The Community Outreach Program works in most of the surrounding cities and towns in Chittenden County for people who self-refer or with referrals from local police departments, landlords or crisis staff at Howard Center. They connect people with social services if needed and if someone is having an acute psychiatric crisis, they can assess safety and may contact crisis staff for transport to the ED. · The Assist Program is an unlocked six bed crisis stabilization program for any Chittenden County residents experiencing a psychiatric crisis. It provides 24-hour staffing and support with the goal of helping people remain in the community and avoid hospitalization.
Is there one or more crisis phone numbers? What are they?	> First Call for Chittenden County Crisis Hotline: 488-7777: 24/7/365 > Burlington Street Outreach – 488-7013, M-F: 8:30 am- 8 pm, Sat/Sun: 12-7pm > Community Outreach & Engagement – 488-7778 > Access & Intake – 488-6000 (they can connect you with all services, including crisis services) M-Th: 8 am-6 pm: Friday: 8 am-5 pm
Who answers calls?	First Call – trained MS level clinicians Street Outreach and Community Outreach – trained BS level clinicians
What is the process after a call?	
What crisis call training/protocol do the people who answer phone receive?	All crisis and outreach staff receive six weeks of onboard training, there is often a training session at staff meetings, and regular training opportunities are scheduled throughout the year. There is 24 hr. supervision available to staff.
Do you have a mobile crisis team or different types of crisis intervention teams?	Yes. If First Call staff determine it is needed, they may send the Mobile Crisis team to go to someone who is having an acute psychiatric crisis to do an assessment and determine whether they need to go to the hospital. Staff may also call the Police to meet the mobile crisis call if they determine it is needed.
When/how do people/clients meet with these teams?	Mobile crisis goes to various locations to meet people, including residences, Group Homes and other supportive housing locations or anywhere the person in crisis is when the call comes in.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	No, not in Chittenden County, but Howard's Street Outreach staff are partially funded by the Burlington Police Dept. They attend rounds with officers.

If so, who and what is their contact information?	N/A
Do you provide mental health evaluations at the agency and/or in the emergency dept?	A Crisis Team member is located until late evening at the UVMMC ED and will do assessments there as well as at the Howard Center or on location as part of the Mobile Crisis Team.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes, if an Assist Program bed is available.

Lamoille County Mental Health Services Counties Served: Lamoille Website: www.lamoille.org	
Briefly describe your crisis intervention system.	We have a crisis team that is available 24/7 for all mental health emergencies in Lamoille County, and cover children in 5 additional towns corresponding to that school district. Our definition of "emergency" or "crisis" is broad, and ranges from phone support to in person screenings, voluntary to involuntary processes, referrals to crisis beds for children and adults, collaboration and problem-solving with individuals and community partners, debriefings for groups, etc. We also screen for and staff a public inebriate bed, known as ASAP. Other: The crisis intervention protocol depends on the situation and the specialist. They can evaluate a patient in person or meet them at the ER. They can arrange for a bed if needed and available or make a referral. Sometimes they meet the patient with the police.
Is there one or more crisis phone numbers? What are they?	We have a weekday number for our office (802-888-5026), and 24/7 number (802-888-8888). Monday-Thursday 8:00 am-4:30 pm, Friday 8:00 am-3:30 pm 1-(802)-888-5026 Nights, Weekends, and Holidays 1-(802)-888-8888 (Ask to page Crisis Team or Emergency Services)
Who answers calls?	Office number is answered by agency receptionist, with automated option for crisis that connects directly to 24/7 number. The latter is answered by patient access staff at Copley Hospital. Mobile Crisis Team offers emergency & crisis services to anyone who lives in Lamoille County. We also serve children in the surrounding towns including: Hardwick, Craftsbury, Greensboro, Stannard, and Woodbury. Formerly known as Emergency Services (ES)
What is the process after a call?	Receptionist tries our office and can connect person calling to staff if we are here. Otherwise, receptionist takes caller info and either calls staff work cell or pages us. Copley takes caller info and pages us thru their computer "page gate" system, then we call person back.
What crisis call training/protocol do the people who answer phone receive?	Receptionists have written guidelines to follow, and I have trained some of them. Copley staff do not have formal crisis training as such but are provided general training by the hospital.
Do you have a mobile crisis team or different types of crisis intervention teams?	Yes – our crisis team is called MCT (Mobile Crisis Team), under the umbrella of Emergency Services, which also includes ASAP.
When/how do people/clients meet with these teams?	Generally, a person calls crisis staff and either asks to be seen or staff recommends they be seen. Discussion ensues about best place and time for meeting. Other agency staff or families or schools or police or other providers can also call to request meetings with someone.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Tyler Stowe was recently hired as a member of our crisis team embedded with VSP out of Williston barracks, which covers several towns in Lamoille County. He is not able to be contacted directly other than by other crisis staff or VSP, but rides with VSP and accompanies them to various emergencies including and especially for mental health related crisis calls.

If so, who and what is their contact information?	Tyler Stowe
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Yes – we can do assessments in many locations and try to divert from the emergency dept whenever possible. We see people at our office, at schools, police stations, medical offices, other community locations and occasionally at peoples' homes when it is safe to do so.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes -for the most part. Some crisis beds require medical clearance thru the ER, but when not required, we try to assess people at our office, where we can provide testing for urine drug screen when that is required, (which then gets brought to Copley for actual testing) and we can sometimes facilitate covid testing which is required for all crisis beds at this time.

Northeastern Family Institute, VT (NFI VT) Website: www.nfivermont.org	
Briefly describe your crisis intervention system.	We provide crisis response to NFI clients only. Referral/Intake/Waitlist Referral/ Intake/ Waitlist process Referrals: NFI is a Specialized Service Agency (SSA) within the larger State designated system of mental health care partners. Referrals to most of our programs require authorization or recommendation from a community partner, such as Department for Children and Families, Department of Mental Health, School District, or local Designated Agency. We encourage you to first contact your local Designated Agency to determine available services. • NFI Crossroads and Family Center may accept referrals directly from an individual or their representative. Intake: NFI Program Directors review referral information and maintain the right to determine the appropriateness of accepting the referral. Acceptance is based on an individual's clinical need, payer source, and program openings. Individuals may be accepted, denied, or placed on a waitlist. Waitlist: Waitlist timeframes differ depending on the program. Wait times may vary from a day, few days, to weeks or months. Programs that do not offer a waitlist option will provide individual with alternative community resource or referral to another provider. The NFI Administrative office does not process referrals or intake paperwork. However, we may help answer general questions or direct the inquiry to a specific program or community partner. (802-658-0040)
Is there one or more crisis phone numbers? What are they?	We do not have a public crisis line
Who answers calls?	N/A
What is the process after a call?	N/A
What crisis call training/protocol do the people who answer phone receive?	N/A
Do you have a mobile crisis team or different types of crisis intervention teams?	Yes, but for clients only, not the general public.
When/how do people/clients meet with these teams?	N/A

Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	N/A
If so, who and what is their contact information?	N/A
Do you provide mental health evaluations at the agency and/or in the emergency dept?	No
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	No – our Hospital Diversion beds require screening from a DA crisis screener (or other provider if private insurance).

Northeast Kingdom Human Services Counties Served: Caledonia, Orleans, Essex Website: www.nkhs.org	
Briefly describe your crisis intervention system.	During office hours, mobile crisis team handles calls. After hours they refer to other options such as 1-800-273-talk and starting in June they will direct to 988. This district is imbedded to assist with 988 calls, over 100+ hours. We also respond to the 988 text and chat line. https://988lifeline.org/?utm_source=google&utm_medium=web&utm_campaign=onebox
Is there one or more crisis phone numbers? What are they?	1-802-334-6744 (one)
Who answers calls?	During business hours a receptionist answers the call.
What is the process after a call?	They direct to a member of the crisis team.
What crisis call training/protocol do the people who answer phone receive?	The receptionist directs the call to the trained staff. The staff that handle the crisis situation has training in crisis management, suicide training, de-escalation training and several other outside trainings on different topics. Any new staff hired to work with the crisis team receives a 90 day on-boarding training.
Do you have a mobile crisis team?	Yes, they have a mobile team that will go out to calls.
When/how do people/clients meet with these teams?	Preferably in the location of where the crisis is taking place unless medical attention is needed.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Yes.
If so, who and what is their contact information?	They have 2, 40 hour a week staff persons that are imbedded with the state police. One staff is imbedded in Derby and the other is imbedded in St. Johnsbury.
Do you provide mental health evaluations at the agency and/or in the emergency dept?	We prefer to handle the evaluations where the consumer is. Don't like using the ER unless it's absolutely necessary.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes, but medical clearance and COVID clearance has to occur before they can be placed in a crisis bed.

Northwestern Counseling and Support Services Counties Served: Franklin, Grand Isle Website: ncssinc.org	
Briefly describe your crisis intervention system.	Northwestern Counseling and Support Services has a 24-hour, 7 day a week crisis team. Crisis team staff are Master Level Clinicians. They provide crisis services in homes, the office, hospitals, and in the community. They triage, provide information for support and services, will assess for safety and help determine what the individual needs, as well as the best place to be seen, face to face, if necessary. The Crisis Team can also help determine if the individual would benefit from a crisis bed admission and make those referrals if desired. This team is also part of the 988/ National Suicide Hotline and answers calls 63 hours per week, across all seven days.
Is there one or more crisis phone numbers? What are they?	Yes, Two. 1-802-524-6554 press 1, and 1-800-834-7793
Who answers calls?	An answering service takes all crisis calls and pages the Clinician to respond.
What is the process after a call?	Answering service will call the clinician on call in that area. The clinician will return a call within approximately 5 minutes if not sooner. The clinician will gather information as to what is going on and support the caller appropriately. If face to face meeting is needed, that can be arranged.
What crisis call training/protocol do the people who answer phone receive?	Uses an answering service, so unaware of the training they have received. Basically, their job is to pass on the information from the crisis call to the on-call worker. Crisis clinicians are masters level clinicians with a wide scope of training in various areas of mental health.
Do you have a mobile crisis team or different types of crisis intervention teams?	The Crisis Team is mobile. We also have a Mobile Outreach Team that can provide follow-up supports, case management, care coordination, etc.
When/how do people/clients meet with these teams?	In the office, in the community, hospitals, people's homes. Every case is unique, and those decisions are made on a case-by-case basis.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Yes, as well as at the local St. Alban’s police department.
If so, who and what is their contact information?	No contact information. There are two Crisis Service Specialists, one is embedded at the St. Alban’s local police department for 40 hours per week, and one is embedded at the local state police barracks for 40 hours per week. There are other crisis clinicians that manage calls with the departments after hours.
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Assessments can be provided anywhere as long as it is determined to be safe, and the individual doesn't require medical assistance.

If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes, as long as there isn't a medical concern. The crisis team works hard to not have to use the ER. If someone requires hospitalization for Psychiatric Services, then they need to be seen or remain at the ER until an inpatient bed can be found for them.

Rutland Mental Health Services Counties Served: Rutland Website: rmhsccn.org	
Briefly describe your crisis intervention system.	
Is there one or more crisis phone numbers? What are they?	802-775-1000
Who answers calls?	Supported by trained Crisis therapists with advanced degrees and crisis training.
What is the process after a call?	When they receive calls, they try to assess the level of crisis. Determining if they can work the family via the call including talking to the family member in crisis if needed. Usually, they have a peer available but currently need to hire another person. If more than a call is needed, they try to assess the situation to see the level of danger involved if in person response. Determining whether this includes law enforcement to help provide safety for all.
What crisis call training/protocol do the people who answer phone receive?	Trained Crisis therapists with advanced degrees and crisis training.
Do you have a mobile crisis team or different types of crisis intervention teams?	They do not have a specific "mobile" unit. It is often a combination of crisis team folks responding and/or law enforcement with embedded Rutland team members. Response is equally divided with at home visit and meeting up at the ER with the families. There are also urgent appointment options at the Rutland Regional Mental Health offices if determined the crisis would be best handled by an in office urgent appointment. As you can see there are many levels of response based on the call and conversations in these calls. They are familiar with many families which also helps in determination of responses needed to crisis.
When/how do people/clients meet with these teams?	Varied responses include: phone interventions, telehealth evaluations, evaluations at schools, home and the community; collaboration with law enforcement and other community partners.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	They have a person who works with the State Police and another who works with the local and if needed local state police responses.
If so, who and what is their contact information?	Unsure

Do you provide mental health evaluations at the agency and/or in the emergency dept?	For risk tolerance as stated above the at home visits are often accompanied by law enforcement with trained crisis team folks from Rutland Regional who work full time with law enforcement. They take safety for all very seriously. It helps that they may be familiar with individuals in crisis to help determine level of risk. There are not specific rules for determining risk level.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	They currently have one or two urgent care beds. They had more but staffing has impacted this. The beds are only sometimes used as a hospital diversion crisis bed. This determination would be made by a crisis team member who has met with the family at the ER. Typically, the beds are used as a hospital step down. This is based on assessment made before hospital and is only a 4-day program as a step down or when used as a crisis hospital diversion bed. They will not receive the assessment at the office to use the crisis bed. It is as stated above after an ER evaluation.

United Counseling Services Counties Served: Bennington Website: www.ucsvt.org	
Briefly describe your crisis intervention system.	UCS Emergency Services consists of at least one Emergency Clinician on staff 24/7 and 1-2 crisis support workers on staff. Our program serves Bennington County and provides comprehensive crisis assessments via community/mobile, phone, and face to face in the ED (SVMC). All calls begin with UCS's main number and are routed to Battelle House (crisis stabilization house) where Emergency Services staff are located.
Is there one or more crisis phone numbers? What are they?	Crisis can be reached by calling UCS's main number 802-442-5491 and asking for crisis. Individuals can also text "VT" to 741741 and their call may be routed to UCS crisis if they are in our catchment area.
Who answers calls?	Calls may be answered by a crisis stabilization worker or crisis clinician.
What is the process after a call?	If the caller is looking for verbal support, the support worker or clinician will talk them through this. If the client is suicidal, the clinician will determine next steps (mobile response, notifying law enforcement to respond, notifying EMS to transport client to ED, safety planning with client and/or guardian/ caregiver).
What crisis call training/protocol do the people who answer phone receive?	Those who answer calls receive training specific to triaging mental health crisis calls as well as protocols for suicidal clients. They are observed by another trained staff until they are determined to be competent in these skills.
Do you have a mobile crisis team or different types of crisis intervention teams?	One team for all ages and locations within Bennington County. There is a Family Emergency Services team through the Youth and Family Services division that responds to crisis calls for children 18 years old and under during the hours of 8a-8p M-F. These responders cannot perform crisis assessments, so will defer to Emergency Services for this.
When/how do people/clients meet with these teams?	24/7 clients can meet with clinicians anywhere in the community, via phone, or face to face in the ED depending on where/how they present and level of safety.
Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	Yes
If so, who and what is their contact information?	Bill Elwell is our MHCS embedded with VSP Shaftsbury. He can be reached at the Shaftsbury Barracks 802-442-5421.
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Yes. During normal hours of operation, we can meet clients at the UCS main office for crisis assessments. We also screen patients in the SVMC ED.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes. During normal hours of operation, we can meet clients at the UCS main office for crisis assessments. We also screen patients in the SVMC ED.

Washington County Mental Health Services Counties Served: Washington Website: www.wcmhs.org	
Briefly describe your crisis intervention system.	WCMHS has 10 full-time screeners with 24/7 access and a VSP mental health clinician. Provide outreach services in the community, homes, schools, emergency rooms, police station and other community settings. Screeners respond to calls from families, staff, police department, emergency rooms and individuals. The first point of contact is by phone, the screeners assess whether it is a situation that can be managed over the phone, by providing support and resources. If there is a physical or medical clearance required, they will be seen at the emergency room. The screeners provide de-escalation, a mental health assessment of needs, and help to ensure a safe disposition. If a face to face is needed the screener will decide where to meet the person/child and family. This will depend on the situation and any safety concerns. While being seen, the screener is determining if placement is needed in order for the person/child to be safe and if this is the case, the best/appropriate place is sought. If the situation is manageable with in-home support and a safety plan with resources, then the person is discharged. Sometimes in extenuating circumstances the person/child will stay in the emergency room. If a screener receives a call but they can't get there right off, they will have them go to the emergency room.
Is there one or more crisis phone numbers? What are they?	802-229-0591 (one)
Who answers calls?	The clerical staff answers the phone Monday-Friday during business hours.
What is the process after a call?	Monday-Friday: When you call you ask to speak to the screeners, the clerical staff takes your information and gets ahold of an on call screener who then calls you back. After hours and weekends: There is a paging system, you still call the same number and the person takes your information and then contacts an on call screener who then calls you back.
What crisis call training/protocol do the people who answer phone receive?	Training in NAPPI and they are working on having a UMATTER training.
Do you have a mobile crisis team or different types of crisis intervention teams?	Yes, the screeners are a community-based outreach program. There is only one team.
When/how do people/clients meet with these teams?	See above

Do you have a Mental Health Crisis Response Specialist embedded within the State Police Barracks?	No, but Karen said there is talk of this happening. They do work closely with Barre and Montpelier police, and they have a person at each police department who works half the time.
If so, who and what is their contact information?	They interact with the whole department there isn't one specific person.
Do you provide mental health evaluations at the agency and/or in the emergency dept?	Both, plus they will do them in homes, schools, police stations and other community settings.
If available, can people be evaluated (outside of the ER) and then go directly to a crisis bed?	Yes, however during COVID, all placements require a negative COVID test before they can be admitted to the placement. Some crisis bed programs are taking direct admissions without having to go to the ED, however this program dependent. When managing crises with adults, more times than not, it is done at the ER because of medical conditions.