HEALTH MANAGEMENT ASSOCIATES

Vermont Technical Assistance for Mobile Crisis Services – Stakeholder Engagement Survey Quantitative Results

Health Management Associates
July 2022

Purpose

Vermont was one of twenty states recently awarded a federal planning grant to support the expansion of community-based mobile crisis intervention services. This funding provides a unique opportunity to build on Vermont's longstanding mobile crisis system of care.

The Vermont Agency of Human Services (AHS) invited Vermonters to take a survey to share their thoughts and experiences with mobile crisis intervention services. The purpose of the survey, along with several stakeholder interviews and focus groups, is to gather insights into the strengths, needs, and gaps in the existing crisis system and recommendations for improvement.

This input will inform the development and implementation of an enhanced and sustainable benefit that meets the needs of Vermonters experiencing mental health or substance use crisis.

All survey respondents were asked a base set of questions (Questions for All). All were asked to select a stakeholder type that best described their role, which prompted additional specific questions tailored for their stakeholder type.

Outline

I.   **Questions for All**

II.   **Questions for MH/SUD Providers (non-DAs)**

III.   **Designated Agencies**

IV.   **Consumers/Families/Other**

V.   **Hospitals/EDs**

VI.   **Law Enforcement**

VII.   **Schools**

HEALTH MANAGEMENT ASSOCIATES

QUESTIONS FOR ALL
(NUMBER OF RESPONDENTS: 270)

Questions for All

2. Stakeholder Type	%	Count
A. Law Enforcement (State, County, Local Police/Sheriff)	6%	16
B. Emergency Medical Services (EMS)	1%	2
C. Court System Stakeholders including parole and probation	1%	4
D. Designated Agency	16%	44
E. Physical health care provider	3%	7
F. Social services provider (housing assistance, nutrition, outreach, re-entry)	14%	39
G. Mental health and/or substance use Provider (Non-DA, Mental Health and Substance Use)	12%	33
H. Hospital/Emergency Department	7%	18
I. School	4%	10
J. Peer or Recovery Specialist	5%	13
K. Person with history of receiving crisis services	3%	8
L. Families and people with loved ones who experience the crisis service system	7%	18
M. Member of the Community	7%	19
N. Other (please describe)	14%	39
Total	**100%**	**270**

We received 270 responses from a variety of stakeholders.

Questions for All

3. Please select all the identities that apply to you (Optional):** (n=28)		
Answer	**%**	**Count**
i. Older Vermonter (60+)	**6%**	**15**
ii. LGBTQ+ Youth (age 0-18)	0%	0
iii. LGBTQ+ Adults (age 18+)	2%	5
iv. Veteran	0%	0
v. Transition Age Youth (age 16-25)	0%	1
vi. Advocacy Organization	3%	7
vii. Immigrant	1%	2
viii. Refugee	0%	0
ix. Person with Intellectual/Developmental Disability	1%	3
x. Person experiencing Homelessness	0%	0
xi. BIPOC (Black, indigenous, people of color)	1%	3

**This question was only asked for those who selected K. Person with history of receiving crisis services; L. Families and people with loved ones who experience the crisis service system or; M. Member of the Community.

Questions for All

**This question was only asked for those who responded as:
A. Law Enforcement (State, County, Local Police/Sheriff); B. Emergency Medical Services (EMS); C. Court System Stakeholders including parole and probation; D. Designated Agency; E. Physical health care provider; F. Social services provider (housing assistance, nutrition, outreach, re-entry); G. Mental health and/or substance use Provider (Non-DA, Mental Health and Substance Use); H. Hospital/Emergency Department; I. School or; J. Peer or Recovery Specialist

5. Please indicate the County of your Agency/Organization/Department:** (n=186)

Answer	%	Count
Addison County	6%	12
Bennington County	3%	5
Caledonia County	5%	9
Chittenden County	**17%**	**31**
Essex County	1%	1
Franklin County	9%	16
Grand Isle County	1%	1
Lamoille County	4%	8
Orange County	3%	5
Orleans County	4%	7
Rutland County	10%	18
Washington County	10%	19
Windham County	**13%**	**24**
Windsor County	**12%**	**23**
Other (please describe)	4%	7

Questions for All

8. On average, how many people do you connect with mobile crisis services in a month? (n=129)		
Answer	**%**	**Count**
0-5 people	**71%**	**92**
6-15 people	19%	25
16-30 people	5%	6
More than 30 people	5%	6

This question was only asked for those who responded as: A. Law Enforcement; B. EMS; C. Court System Stakeholders; E. Physical health care provider; F. Social services provider; G. Mental health and/or substance use Provider (Non-DA, Mental Health and Substance Use); H. Hospital/Emergency Department; I. School

Among those listed above, 71% responded that thy connect 0-5 people to mobile crisis in a month.

Questions for All

9. What are "pockets of excellence", or what is working well within Vermont's mental health and/or substance use related crisis system? (choose all that apply) (n=270)		
Answer	**%**	**Count**
Crisis call line services (24/7/365)	**50%**	**134**
Community-based crisis services (in the home, work, school, etc.)	29%	79
Crisis stabilization services (short-term 23-hour care and services)	13%	35
Hospital-based crisis services	16%	44
Follow-up services by crisis team immediately after crisis assessment	18%	49
Law enforcement - Mobile Crisis partnerships	30%	82
EMS - Mobile Crisis Partnerships	16%	42
Other (please describe)	27%	73

50% of the survey respondents indicated that crisis call line services are working well.

Questions for All

| 10. What services are currently missing or can be improved upon in Vermont's mental health and/or substance use related crisis system? (choose all that apply) (n=270)		
Answer	**%**	**Count**
Crisis call line services (24/7/365)	28%	76
Community-based crisis services (in the home, work, school, etc.)	**60%**	**163**
Crisis stabilization services (short-term 23-hour care and services)	**70%**	**188**
Hospital-based crisis services	57%	154
Follow-up services by crisis team immediately after crisis assessment	**60%**	**162**
Law enforcement - Mobile Crisis partnerships	43%	116
EMS - Mobile Crisis Partnerships	43%	117
Other (please describe)	21%	58

70% of survey respondents indicated that crisis stabilization services can be improved upon.

60% of survey respondents indicated that community-based crisis services and follow-up services can be improved upon.

HEALTH MANAGEMENT ASSOCIATES

Questions for All

11. From your perspective, are there any post-crisis gaps in services and supports that people are not able to receive? (n=270)

26, 10%

244, 90%

■ Yes

■ No
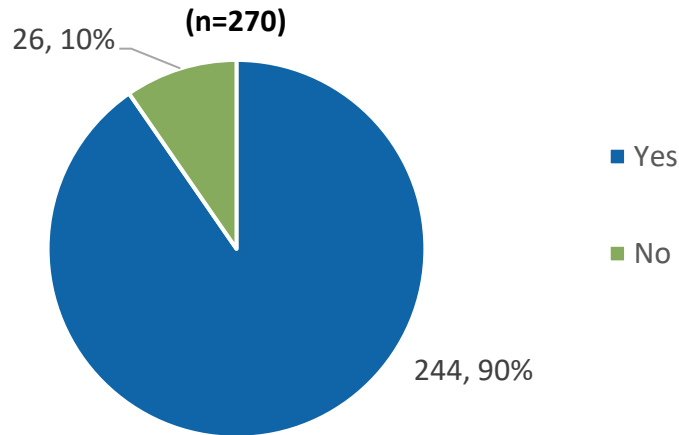
90% of respondents report that there are post-crisis gaps in services and supports that people are not able to receive.

If yes, (choose all that apply) (n=235)		
Answer	**%**	**Count**
Navigation assistance	49%	115
Timely access to mental health services	**83%**	**194**
Timely access to substance use disorder services	61%	144
Timely access to other supports and services, including navigation, housing, childcare, nutrition and transportation.	**69%**	**162**
On-going mobile crisis follow-up services until established in treatment services	**71%**	**167**
23-hour crisis stabilization programs	60%	140
Other (please describe)	17%	40

The greatest gaps reported were timely access to mental health services (83%), timely access to other supports (including navigation, housing, childcare, nutrition, transportation) (69%), and on-going mobile crisis follow-up services until established in treatment services (71%).

HEALTH MANAGEMENT ASSOCIATES

Questions for All

12. What are the biggest challenges to effective community-based mobile crisis services in Vermont (in the home, workplace, school, other) in Vermont? (choose all that apply) (n=260)		
Answer	**%**	**Count**
Geography and travel times	50%	129
Lack of timely response (under 2 hours)	43%	111
Crisis worker skills	37%	96
Program funding	**64%**	**167**
Training	34%	88
Lack of Crisis stabilization services	59%	154
Timely access to treatment services once the person is stabilized	**68%**	**177**
Lack of services to address social issues (navigation services, housing, childcare, nutrition and transportation) after the crisis has been addressed	57%	147
Other (please describe)	19%	50

64% of survey respondents indicated that the biggest challenge to effect community-based mobile crisis services was **program funding.**

68% indicated that the biggest challenge was **timely access to treatment services once the person is stabilized.**

13. Are there particular groups that are not well served by the current mobile crisis system? (choose all that apply) (n=233)

Answer	%	Count
Black, indigenous, people of color (BIPOC)	33%	76
Children and Youth	41%	95
Transition Age Youth	39%	90
Individuals experiencing homelessness	**54%**	**125**
Individuals with intellectual or developmental disabilities	45%	105
LGBTQI	28%	66
Aging/Older Adults	38%	88
Veterans	21%	49
Tribal Populations	20%	47
Immigrants	23%	54
Refugees	24%	56
Individuals with substance use disorder	40%	94
Other (please describe)	21%	48

Over half the respondents reported that individuals experiencing homeless are not well served by the current mobile crisis system.

HEALTH MANAGEMENT ASSOCIATES

Questions for All

14. Indicate which of these outcome or performance measures are important to understand mobile crisis program services: (choose all that apply) (n=222)		
Answer	**%**	**Count**
Average response time	62%	137
Percentage of individuals who receive follow-up care within 24 or 48 hours	**73%**	**163**
Final outcome of crisis intervention (i.e., number of individuals taken to a psychiatric hospital voluntarily or involuntarily; individuals connected to mental health or substance use disorder treatment; number of individuals whose crisis was resolved and did not require further support)	**72%**	**160**
Frequency of peers being used to respond to crisis as part of the mobile crisis team	40%	89
Frequency of mobile crisis team engaging/requesting police assistance and vice versa	54%	119
Community satisfaction with services	56%	124
Frequency of individuals who receive mental health and/or community-based SUD treatment services following a mobile crisis team intervention	54%	120
Demographics of service recipients (race, gender, ethnicity, LGBTQ+) for the purposes of evaluation of trends and underserved populations	46%	102
Other (please describe)	11%	25

Respondents indicated that percentage of individuals who receive follow up care within 24-48 hours and final outcome of crisis intervention were the top two performance measures that are important to understanding mobile crisis program services.

HEALTH MANAGEMENT ASSOCIATES

Questions for All

15. Are there any current Crisis System focused cross-system collaborations (workgroups or task force) that are active in your area? (n=222)		
Answer	**%**	**Count**
Yes	46%	102
No	54%	120

46% of respondents indicated that a crisis-system focused cross-system collaboration exists in their area.

The top stakeholders who participate are law enforcement, designated agencies, local hospitals/emergency departments, and mental health providers.

The top focuses of the collaboration are system needs assessment (46%), data and information sharing (40%) and training and education (43%).

15a. Identify the stakeholders who participate - Selected Choice (n=89)		
Answer	**%**	**Count**
People impacted by crisis and crisis service system	48%	43
Families and advocates of those impacted	39%	35
Government/Elected officials	29%	26
Law Enforcement	**66%**	**59**
Emergency Services/EMS	46%	41
Local 911/PSAP	16%	14
Designated Agencies	**75%**	**67**
Local Hospital/Emergency Department	**61%**	**54**
Substance use Providers	31%	28
Mental Health providers	**60%**	**53**
Social Service providers	40%	36
Peer Support Providers	31%	28
Schools	21%	19
Local jail or correctional facility	9%	8
Other	13%	12

Questions for All

15b. What is the focus of the collaboration? (n=89)

Answer	%	Count
System needs assessment	**46%**	**41**
System design planning	38%	34
Table Top Exercise (review specific cases and situations)	16%	14
Data and information sharing	**40%**	**36**
Training and education	**43%**	**38**
Funding and Fundraising	13%	12
Other (please describe)	34%	30

The top focuses of the collaboration are system needs assessment (46%), data and information sharing (40%) and training and education (43%).

15c. If no, would a community cross-system collaborative be helpful? (n=120)

Answer	%	Count
Yes	**93%**	**112**
No	7%	8

For those who said there is NOT a collaboration, 93% indicated that it would be helpful.

HEALTH MANAGEMENT ASSOCIATES

MENTAL HEALTH AND SUBSTANCE USE PROVIDERS

(EXCLUDING DESIGNATED AGENCIES)

(NUMBER OF RESPONDENTS = 20)

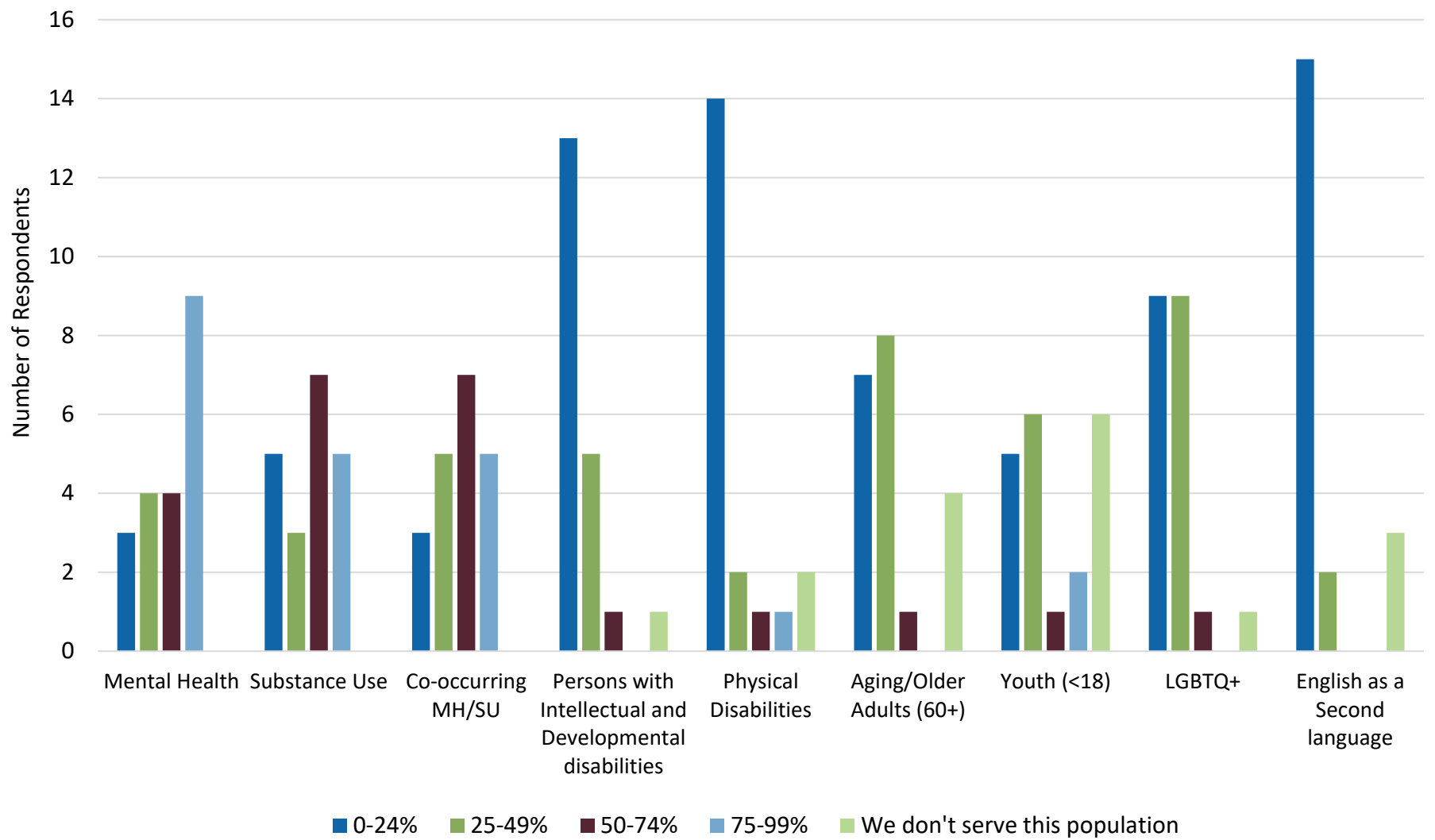Health Management Associates

MH/SU Providers

2. How would you describe your organization/provider type (n=20)		
Answer	**%**	**Count**
Community Mental Health Center	**45%**	**9**
Individual private practitioner	15%	3
Group Private Practice	0%	0
Psychiatric inpatient provider	20%	4
Mental Health residential treatment provider	0%	0
ADAP community-based provider	10%	2
ADAP residential provider	5%	1
Intellectual and Developmental Disability Services community-based provider	0%	0
Intellectual and Developmental Disability Services residential provider	5%	1
Aging and Disability Services community-based provider	0%	0
Aging and Disability Services residential provider	0%	0
Total	100%	20

20 MH/SU providers responded consisting of CMHC providers, individual private practitioners, psychiatric inpatient providers, ADAP community-based providers, ADAP residential providers, and I/DD Services Residential providers.

HEALTH MANAGEMENT ASSOCIATES

MH/SUD Providers

Legend: 0-24% | 25-49% | 50-74% | 75-99% | We don't serve this population

MH/SUD Providers

4. Does your organization provide crisis services to people enrolled in your programs?

Answer	%	Count
Yes	40%	8
No	60%	12

40% reported providing crisis services to people enrolled in their programs.

If yes, what percent of these crisis services are provided in the home, workplace, and/or community (outside of your office)? (n=7)

Answer	%	Count
0-24%	**57%**	**4**
25-49%	0%	0
50-74%	14%	1
75-100%	14%	1
Don't know/not tracked	14%	1

Of those who do, the majority (57%) provide crisis services only about 0-24% of the time in the community.

5. What has been your (or your organization's) experience connecting people with crisis services? (n=19)

Answer	%	Count
No issues, there is ease of access to crisis services	32%	6
Varies, I know where and how to access crisis services, but they are sometimes not easy to access	**53%**	**10**
Very limited access to crisis services	11%	2
I haven't had experience with this work	5%	1

Majority of respondents (53%) indicated that their experience with connecting people with crisis services varies.

HEALTH MANAGEMENT ASSOCIATES

MH/SUD Providers

6. Identify any barriers in connecting people with mobile crisis services? (select all that apply). (n=19)		
Answer	**%**	**Count**
There are no barriers	0%	0
Do not know where to call	11%	2
No crisis staff were available, and caller was directed elsewhere (911, Emergency department or outpatient therapist etc.)	**47%**	**9**
Lack of timely response (within 60 minutes) to a request for crisis assistance	42%	8
Individual/family does not wish to use the crisis services due to prior experience(s) with crisis services	**63%**	**12**
Transportation issues	**47%**	**9**
Other (please describe)	47%	9

63% reported that individuals/families not wishing to use crisis services due to prior experience is a barrier in connecting people to crisis.

47% reported that no crisis staff being available, and the caller being directed elsewhere, and transportation are barriers in connecting people to crisis.

HEALTH MANAGEMENT ASSOCIATES

7. Are community mobile crisis services (home, school, workplace, etc.) available in your area during these times? (n=19)

Legend: ■ No Services ■ Some Services ■ Sufficient Services ■ Not Sure
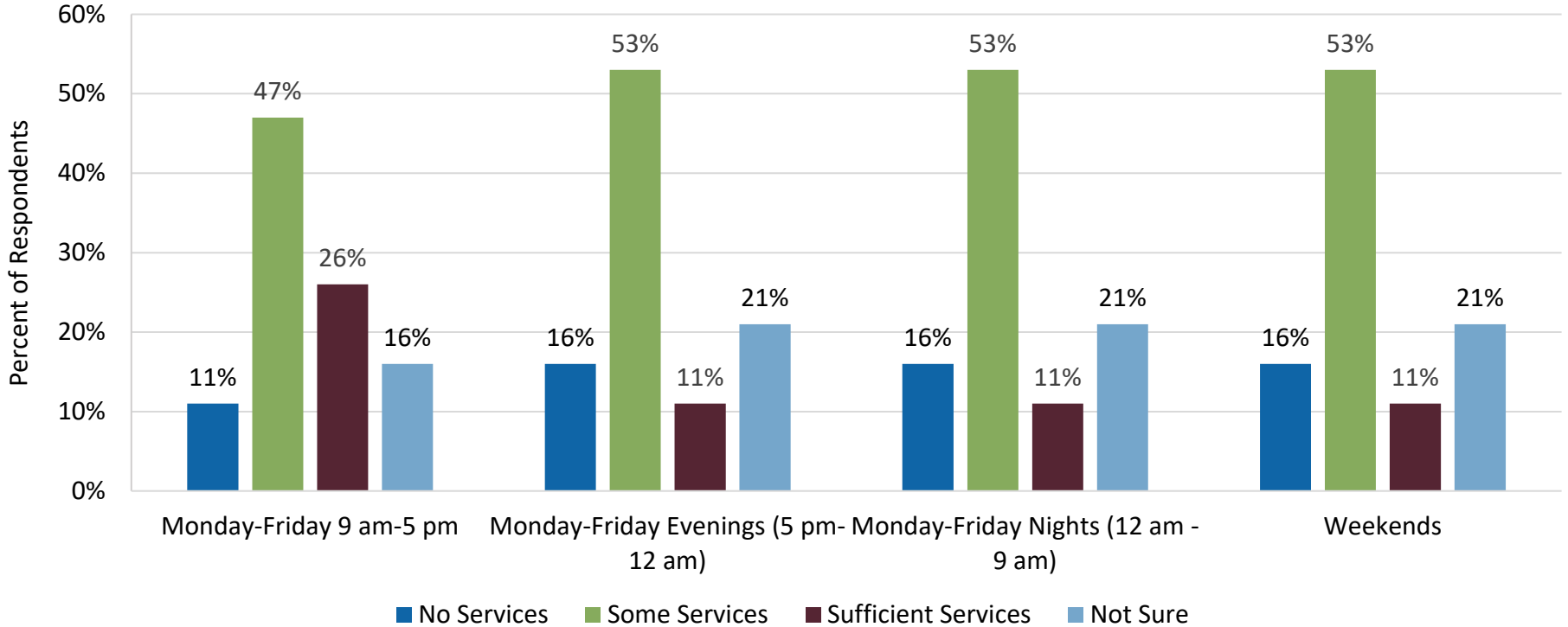
8. Does your organization have any data sharing agreements with other crisis system stakeholders, other State agencies, law enforcement, child welfare and justice system etc.? (n=19)

Answer	%	Count
Yes (if yes, please describe):	42%	8
No	57%	11

Most respondents reported *some* community mobile crisis services being available during weekday business hours (47%), weekday evenings (53%), weekday overnights (53%), and weekends (53%).

Majority (57%) do not have any data sharing agreements with other crisis system stakeholders.

Designated Agencies

1. Select your organization (n=22)		
Answer	**%**	**Count**
Clara Martin Center	5%	1
Counseling Serv Addison County	5%	1
Health Care and Rehab Services (HCRS)	18%	4
Howard Center	18%	4
Lamoille County Mental Health	14%	3
Northwestern Counseling	9%	2
Northeast Kingdom Human Services	9%	2
Rutland Mental Health Serv	5%	1
United Counseling Service	5%	1
Washington County Mental Health	14%	3
Total	**100%**	**22**

In some instances, multiple individuals responded to the survey on behalf of the same DA (see highlighted. i.e., 4 responses were from individuals from HCRS). The DAs with multiple survey responses sometimes provided different answers for questions. Where the responses varied within DA, the DA's responses were excluded from analysis. Where there was consensus in the multiple responses from the same DA, the response was included in analysis as a single response. Each table indicates n – the number of DAs include in the survey response analysis for that question.

2. By population, what is the estimated percentage that received emergency services by your organization in 2021? (analyzed at DA level)
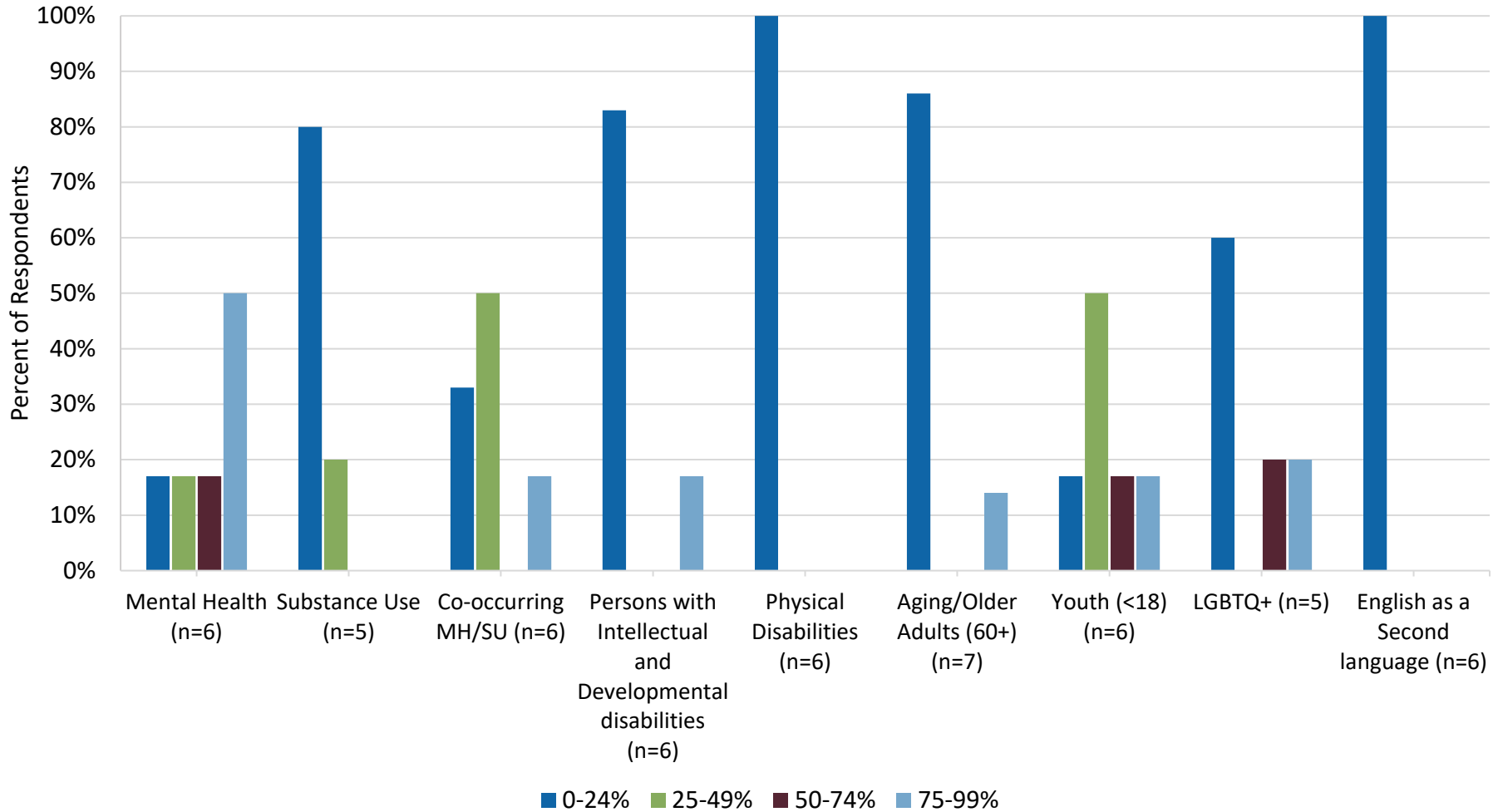
This analysis excludes DAs with varied responses for each population category, thus *n* varies.

Designated Agencies

3. What is your DA's approximate annual volume of face-to-face crisis assessments? Excluding DAs with varied responses, n=5

Ranges from 285 to 4,500

4. What percent of face-to-face crisis interventions (mobile and office based) include a full assessment? (n=6) *excluding DAs with varied responses (analyzed at DA level)

Answer	%	Count
0-24%	0%	0
25-49%	0%	0
50-74%	**50%**	**3**
75-99%	**50%**	**3**
None at all	0%	0

All DAs who responded reported that at least 50% of the face-to-face crisis interventions include a full assessment.

5. What Monthly Service Report (MSR) Type of Service Code is most often used for a face-to-face crisis intervention that includes a full assessment? (n=9) * (analyzed at DA level)

Answer	%	Count
G01 = Emergency / Crisis Assessment, Support & Referral	**100%**	**9**
G02 = Emergency / Crisis Beds	0%	0
B01 – Community Supports	0%	0
A01 = Service Planning & Coordination	0%	0
E01 = Clinical Assessment	0%	0
Other (Please describe)	0%	0

All DAs who responded reported that G01 = Emergency/Crisis Assessment, Support & Referral is the most often used MSR Type of Service Code for face-to-face crisis interventions with a full assessment.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

6. What percent of face-to-face crisis interventions (mobile and office based) does NOT include a full assessment? (i.e., support services only) n=6 *excludes DAs with varied survey responses (analyzed at DA level)

Answer	Count	%
0-24%	**5**	**83%**
25-49%	1	17%
50-74%	0	0%
75-99%	0	0%
None at all	0	0%

Most of the DAs who responded (83%) reported that very few face-to-face crisis interventions do not include a full assessment.

7. What MSR Type of Service Code is most often used for a face-to-face crisis intervention that does NOT include a full assessment? (n=8) *excluding DAs with diff survey responses (analyzed at DA level)

Answer	%	Count
G01 = Emergency / Crisis Assessment, Support & Referral	**62%**	**5**
G02 = Emergency / Crisis Beds	0%	0
B01 – Community Supports	38%	3
A01 = Service Planning & Coordination	0	0%
E01 = Clinical Assessment	0	0%
Other (please describe)	0	0%

Most of the DAs who responded reported that G01 is the most often used MSR Type of Service Code for few face-to-face crisis interventions do not include a full assessment.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

8. How many ADULT facility-based Crisis Stabilization beds does your DA have? (n=7) *excluding DAs with different survey responses (analyzed at DA level)		
Answer	**%**	**Count**
Do not offer this service	0%	0
1-5 beds	**71%**	**5**
6-10 beds	29%	2
11-15 beds	0%	0
More than 15 beds	0%	0

9. How many CHILD/ADOLESCENT facility-based Crisis Stabilization beds does your DA have? (n=7) *excluding DAs with different survey responses (analyzed at DA level)		
Answer	**%**	**Count**
Do not offer this service	**100%**	**7**
1-5 beds	0%	0
6-10 beds	0%	0
11-15 beds	0%	0
More than 15 beds	0%	0

Majority of the DAs who responded reported having 1-5 adult facility-based crisis stabilization beds. Two reported having 6-10 beds. However, none of the DAs who responded have child/adolescent facility-based crisis stabilization beds.

Designated Agencies

11. What MSR Type of Service Code is most often used for crisis services that are provided by telephone only? (n=7) *excluding DAs with different survey responses (analyzed at DA level)

Answer	%	Count
G01 = Emergency / Crisis Assessment, Support & Referral	43%	3
G02 = Emergency / Crisis Beds	0%	0
B01 – Community Supports	43%	3
A01 = Service Planning & Coordination	15%	1
E01 = Clinical Assessment	0%	0
Other (please describe)	0%	0

G01 = Emergency/Crisis Assessments, Support & Referral or B01 = Community Supports are the most often used MSR Type of Service Code for crisis services provided by telephone only.

12. Does your community/region have an embedded mental health crisis specialist program? (n=9) (analyzed at DA Level)

Answer	%	Count
Yes	100%	8
No	0%	0

12a: If Yes: Is there an oversight entity (workgroup) responsible for overseeing the embedded mental health crisis specialist program? (n=6) (analyzed at DA level)

Answer	%	Count
Yes	83%	5
No	17%	1

All DAs who responded reported having an embedded mental health crisis specialist program in their region. Most reported have an oversight entity (workgroup) responsible for overseeing the program.

Designated Agencies

13. Apart from MSR and Medicaid Management Information System (MMIS) data, does your organization collect crisis related data? (n=7) *excluding DAs with different survey responses (analyzed at DA level)		
Answer	%	Count
Yes	86%	6
No	14%	1

86% of the DAs who responded reported that they collect crisis related data, apart from MSR and MMIS data.

15. Do you have a data and information management platform sufficient to meet state reporting requirements? (n=8) *excluding DAs with different survey responses (analyzed at DA level)		
Yes	100%	8
No	0%	0

All DAs who responded reported having a data and information management platform sufficient to meet state reporting requirements.

16. Do you have information sharing systems, connecting crisis providers and community providers through a health information exchange? (n=7) *excluding DAs with different survey responses (analyzed at DA level)		
Yes	14%	1
No	86%	6

Most DAs who responded do not have information sharing systems connecting crisis providers and community providers through a health information exchange.

Designated Agencies

17. Please select all that describe the current strengths of your organization's mobile crisis program (n=17) (analyzed at INDIVIDUAL level)		
Answer	**%**	**Count**
Ability to hire and retain qualified and experienced staff	6%	1
Sufficient resources to provide high-quality training and supervision	6%	1
Ability to meet the crisis demands and respond to most or all calls for crisis services	**12%**	**2**
Response times are reasonable (under 2 hours)	6%	1
Most crisis services are provided in the home, workplace, or community setting	**18%**	**3**
Individuals are stabilized in the community and most often are not hospitalized	0%	0
Ability to conduct follow-up services within 48 hours to most people served	0%	0
Highly successful linking people to the full range of treatment services (including SDOH) they want/need	0%	0
Partnerships with law enforcement	**12%**	**2**
Partnerships with EMS	6%	1
Other	35%	6

According to DA staff respondents, the top strengths of the DAs' mobile crisis programs are that: most crisis services are provided in the home, workplace, or community setting, partnership with law enforcement, and ability to meet crisis demands and respond to most or all calls for crisis services.

Designated Agencies

18. Please select all that describe any current gaps or challenges in your organization's mobile crisis program. (n=17) (analyzed at INDIVIDUAL level)		
Answer	**%**	**Count**
It is difficult identifying, hiring and retaining qualified and experienced staff	**35%**	**6**
We have insufficient resources to provide high-quality training and supervision	0%	0
Unable to meet the crisis demands and respond to most or all calls for crisis services	0%	0
Long response times (over 2 hours)	0%	0
Most crisis services are delivered in hospital or ED settings	**18%**	**3**
Individuals are not stabilized in the community and most often are hospitalized	0%	0
Unable to conduct follow-up services within 48 hours to most people served	0%	0
The treatment system lacks capacity to provide people timely access to the full range of treatment services (including SDOH) they want/need following a crisis	12%	2
Partnerships with law enforcement can be improved	6%	1
Partnerships with EMS can be improved	6%	1
Other	24%	4

According to DA staff respondents, the top challenges of the DAs' mobile crisis programs are that: it is difficult identifying, hiring and retaining qualified and experienced staff and most crisis services are delivered in hospital or ED setting.

Designated Agencies

20. Does your DA train staff to administer Naloxone/Narcan? (n=6) * excluding DAs with varied responses (analyzed at DA level)

Answer	%	Count
All of our organizational staff are trained	17%	1
All staff responding to crisis calls are trained	17%	1
Some of the staff responding to crisis calls are trained	**50%**	**3**
No staff are trained	17%	1

50% of the DAs who responded reported that some of the staff responding to crisis calls are trained in administering Naloxone/Narcan.

21. Does your DA require emergency service staff to carry Naloxone/Narcan? (n=5) * excluding DAs with varied responses (analyzed at DA level)

Answer	%	Count
All of our organizational staff are equipped with Naloxone/Narcan	0%	0
All staff responding to crisis calls are equipped with Naloxone/Narcan	20%	1
Some of the staff responding to crisis calls are equipped with Naloxone/Narcan	**40%**	**2**
No staff are equipped with Naloxone/Narcan	20%	2

40% of the DAs who responded reported that some of the staff responding to crisis calls are required to be equipped with Naloxone/Narcan.

Designated Agencies

22. Does your DA use a standardized assessment tool? (n=6) * excluding DAs with varied responses (analyzed at DA level)		
Answer	**%**	**Count**
Yes	**100%**	**6**
No	0%	0

22a. If yes, please indicate the assessment tool being used (n=7) (analyzed at DA level)		
Answer	**%**	**Count**
Columbia Suicide Severity rating scale (C-SSRS)	**86%**	**6**
PHQ-9	0%	0
Beck Scale for Suicide Ideation (BSS)	0%	0
GAD-7	0%	0
Ask Suicide-Screening Questions (ASQ) Tool	0%	0
DA Developed screening tool	0%	0
Other (please describe)	14%	1

All the DAs who responded reported using a standardized assessment tool. Of those, most use the Columbia Suicide Severity rating scale (C-SSRS).

Designated Agencies

23. Indicate the number of employed FTEs by discipline for your Emergency Services Staff. *excluding DAs with varied responses (analyzed at DA level)

Answer	N of responses	Range	Average Count
Licensed Master level behavioral health clinician	6	1 to 3	2.3
Unlicensed Master level behavioral health clinician	6	1 to 20	7
Nurse	3	0-1	0.33
Psychiatrist	5	0.25-1	0.57
Bachelor level Staff	6	1 to 7	4
Peer or Recovery Support Specialist	4	0 to 9	3

Emergency Services staff primarily consist of Unlicensed Master level behavioral health clinicians and bachelor level staff

24. Indicate the number of vacancies (in % of total budgeted FTEs) by discipline for your Emergency Services Staff *excluding DAs with varied responses (analyzed at DA level)

Answer	N of responses	Range	Average Count
Licensed Master level behavioral health clinician	4	1 to 4	1.75
Unlicensed Master level behavioral health clinician	4	0 to 20	6
Nurse	-	-	-
Psychiatrist	-	-	-
Bachelor level Staff	3	0.5 to 2	1.2
Peer or Recovery Support Specialist	2	1 to 3	1.2

There are primarily vacancies for unlicensed Master level behavioral health clinicians for the Emergency Services staff.

Designated Agencies

25. What crisis related trainings are you currently providing to staff? (n=9) (analyzed at DA level)

Answer	%	Count
Engagement strategies	67%	6
Use of crisis plans and advanced directives	67%	6
Screening & Assessment	**100%**	**9**
Suicide Prevention	89%	8
Intervention	78%	7
Stabilization & De-escalation	67%	6
Harm Reduction	78%	7
Evidence-based practices	89%	8
Trauma-informed care	**100%**	**9**
Coordination & Referral	56%	5
Family dynamics, parenting support and behavior management	33%	3
Language accessibility & Cultural competency	78%	7
Training related to serving special populations	56%	5
Use of technology to support mobile teams	67%	6
Worker safety and self-care	**100%**	**9**
Other (please describe)	11%	1

All DAs who responded provide training in screening and assessment, trauma-informed care, worker safety and self-care. For those who provide training related to serving special populations, all of them provide it for child and adolescent populations.

If Special Populations selected, please indicate the special populations (n=4) (analyzed at DA level)

Answer	%	Count
Child and adolescent	100%	4
Geriatric	50%	2
Individuals with Developmental Disabilities (IDD) and Brain Injury (BI)	75%	3
Cultural and linguistic minorities, immigrants/refugees	50%	2
Medication Assisted Treatment (MAT) for opioid use disorder (OUD)	50%	2
Lesbian, gay, bisexual, transgender, queer, asexual, intersex, and non-binary individuals (LGBTQAI2+)	75%	3
Eating disorders	50%	2
Forensic	50%	2
Other (please describe)	50%	2

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

26. How does your organization provide training? (select all that apply) (n=9) (at DA level)

Answer	%	Count
Face to face	**100%**	**9**
Virtual	78%	7
Hybrid	89%	8
Other (please describe)	11%	1

All DAs who responded reported that they provide training face-to-face. Majority also provide it virtually or in hybrid style.

27. In the future, what training format are you most interested in? (select all that apply) (n=9) (at DA level)

Answer	%	Count
Face to face	**78%**	**7**
Virtual	44%	4
Hybrid	67%	6
Other (please describe)	11%	1

Most of the DAs who responded indicated that they are most interested in using a face-to-face training format.

28. Who is providing your training? (select all that apply) (n=9) (at DA level)

Answer	%	Count
Our internal staff	**100%**	**9**
Other Local or Vermont organizations	**100%**	**9**
Other States	11%	1
National training providers	55%	5

The trainings are primarily provided by DA internal staff and other local or Vermont organizations.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies – at DA level

29. What types of trainings are needed to fully support your staff who are delivering crisis services? (select all that apply) (n=8) (at DA level)

Answer	%	Count
Engagement strategies	63%	5
Use of crisis plans and advanced directives	50%	4
Screening & Assessment	63%	5
Suicide Prevention	38%	3
Intervention	**75%**	**6**
Stabilization & De-escalation	**75%**	**6**
Harm Reduction	50%	4
Evidence-based practices	**75%**	**6**
Trauma-informed care	63%	5
Coordination & Referral	38%	3
Family dynamics, parenting support and behavior management	63%	5
Language accessibility & Cultural competency	**75%**	**6**
Training related to serving special populations	63%	5
Use of technology to support mobile teams	50%	4
Worker Safety and Self Care	63%	5
Substance Use Disorder	**75%**	**6**
Other (please describe)	25%	2

The top trainings DAs report as needed to fully support staff delivering crisis services are intervention, stabilization and de-escalation, evidence-based practices, language accessibility and cultural competency, and substance use disorder.

29a. If Special Populations is selected, Please indicate the special populations (n=4) (at DA level)

Answer	%	Count
Child and adolescent	100%	4
Geriatric	100%	4
Individuals with Developmental Disabilities (IDD) and Brain Injury (BI)	100%	4
Cultural and linguistic minorities, immigrants/refugees	75%	3
Medication Assisted Treatment (MAT) for opioid use disorder (OUD)	75%	3
Lesbian, gay, bisexual, transgender, queer, asexual, intersex, and non-binary individuals (LGBTQAI2+)	100%	4
Eating disorders	75%	3
Forensic	75%	3
Other (please describe)	0%	0

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies – at DA level

30. What practitioner types are most in need of additional training to deliver crisis services? (n=7) (at DA level)

Answer	%	Count
Master level - Licensed	43%	3
Master level - Unlicensed	43%	3
Bachelor level	**86%**	**6**
Peer	**71%**	**5**
Community Health Worker	29%	2
Nurse	14%	1
Psychiatrist	14%	1

Most of the DAs who responded reported that bachelor level staff and peers are most in need of additional training to deliver crisis services.

31. What challenges are you experiencing in accessing training? (n=7) (at DA level)

Answer	%	Count
Cost of training	**57%**	**4**
Cost associated with replacing staff time	**57%**	**4**
Lack of in-house training expertise	14%	1
Trainings are not available externally	29%	2
Other (please describe)	43%	3

DAs report that cost of training, and cost associated with replacing staff time are primary barriers to accessing training.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

32. What barriers are you experiencing in being able to participate in training? (n=8) (at DA level)

Answer	%	Count
Technology	13%	1
Time not convenient	**63%**	**5**
Productivity requirements	13%	1
Format not convenient	13%	1
Other (please describe)	38%	3

The primary barrier to being able to participate in trainings is inconvenient timing.

All DAs who responded reported that their community mobile crisis program currently responds to people in crisis at homes, workplaces, schools, the DA office, the Emergency Department, and in the community (i.e., park, street, etc.).

33. Select all locations your community mobile crisis program currently responds to people in crisis: (select all that apply) (n=8) (at DA level)

Answer	%	Count
Homes	**100%**	**8**
Consumer's workplace	**100%**	**8**
Schools	**100%**	**8**
DA office	**100%**	**8**
Emergency Department/Hospital	**100%**	**8**
Residential Treatment Facility	88%	7
In the community (park, street, restaurant, other etc.)	**100%**	**8**
Other (please describe)	13%	1

34. What would be needed to provide community mobile crisis response to all these locations? (n=7) (analyzed at DA level)

Answer	%	Count
Additional funding	71%	5
Additional staffing	86%	6
Other (please describe)	14%	1

A majority of the DAs indicate that additional funding and additional staffing is needed to provide community mobile crisis response to all community settings.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

35. Which discipline of staff typically performs a "screenings and assessment"?
(n=7) *exclude DAs with varied responses (analyzed at DA level)

Answer	%	Count
Master Level – Licensed	14%	1
Master Level – Unlicensed	29%	2
Bachelor Level	29%	2
RN	0%	0
Other (please describe)	29%	2

Master level (MA) and Bachelor level (BA) staff typically perform "screenings and assessments."

36. Which discipline of staff typically performs a "psychiatric assessment for involuntary inpatient admissions"? (n=6) *exclude DAs with varied responses (analyzed at DA level)

Answer	%	Count
Master Level – Licensed	17%	1
Master Level – Unlicensed	17%	1
Bachelor Level	17%	1
RN	0%	0
Other (please describe)	50%	3

Qualified Mental Health Professionals (QMHP), including MA and BA level staff, typically perform "psychiatric assessments for involuntary inpatient admissions.

35. Those who responded other said "all above except RN" and "MA and BA level"
36. Those who responded other said "MA and BA level" and "QMHP"

HEALTH MANAGEMENT ASSOCIATES

37. For crisis assessments conducted in the community (home, school etc.), how often do they include: (*excluding DAs with varied responses (analyzed at DA level)
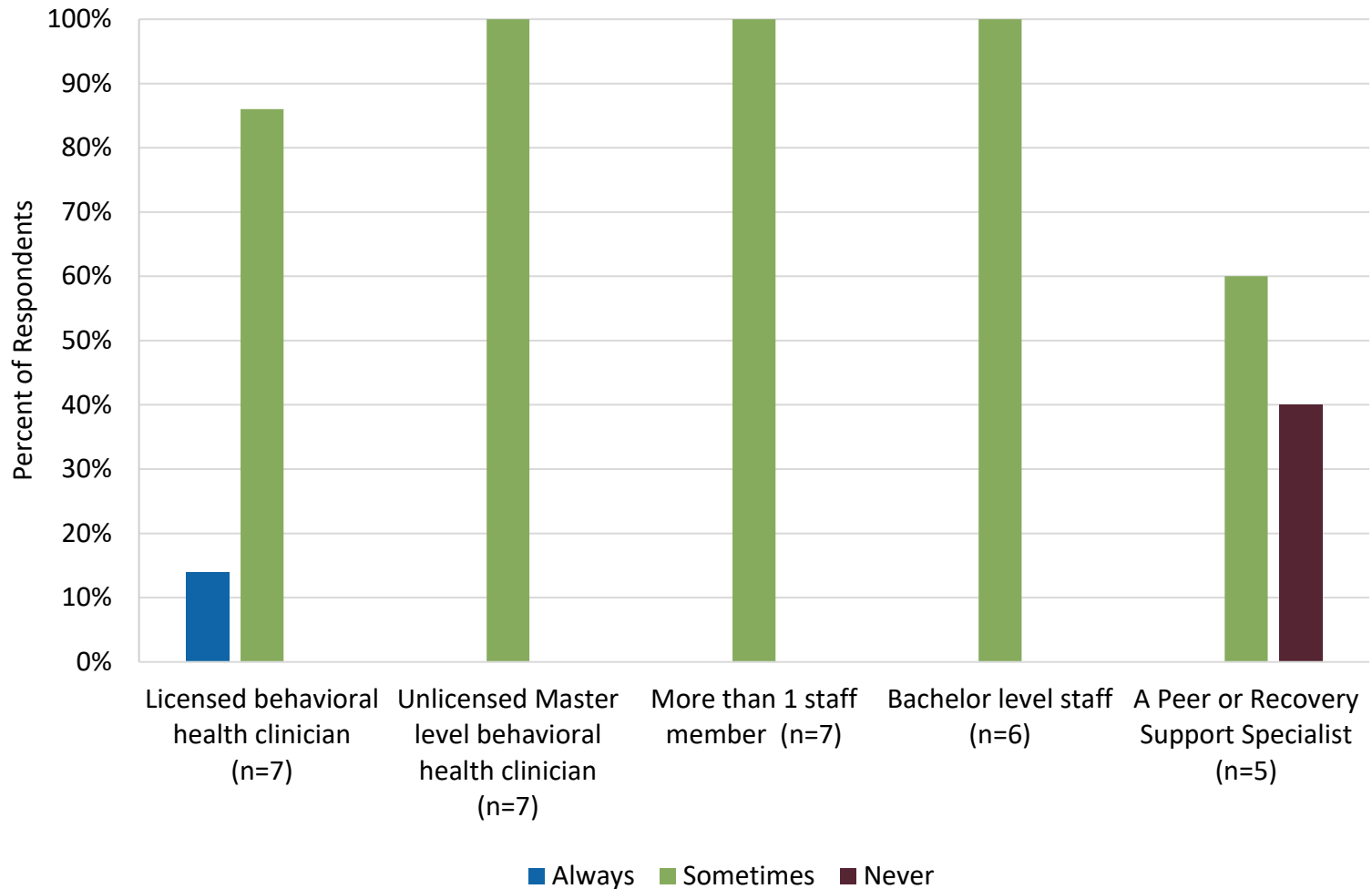
Designated Agencies

38. For crisis assessments conducted in the DA office, how often does it include: *excluding DAs with varied responses (analyzed at DA level)

Chart — Percent of Respondents

- Licensed behavioral health clinician (n=7): Always 14%, Sometimes 86%
- Unlicensed Master level behavioral health clinician (n=7): Sometimes 100%
- More than 1 staff member (n=7): Sometimes 100%
- Bachelor level staff (n=6): Sometimes 100%
- A Peer or Recovery Support Specialist (n=5): Sometimes 60%, Never 40%

Legend: ■ Always ■ Sometimes ■ Never
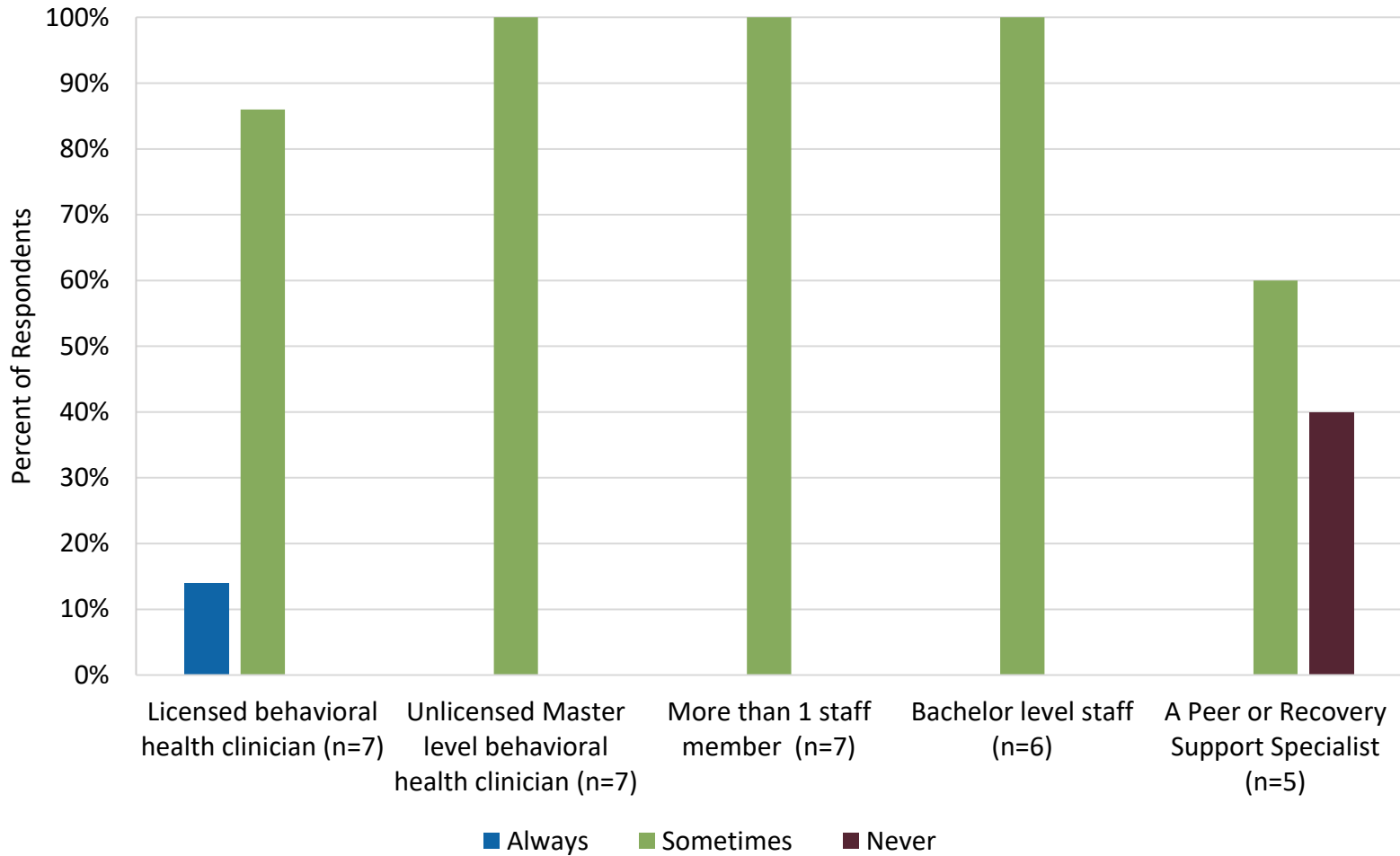
Designated Agencies

39. Please indicate the availability of emergency staff by discipline for a face-to-face crisis assessment: *excluding DAs with varied response (analyzed at DA level)
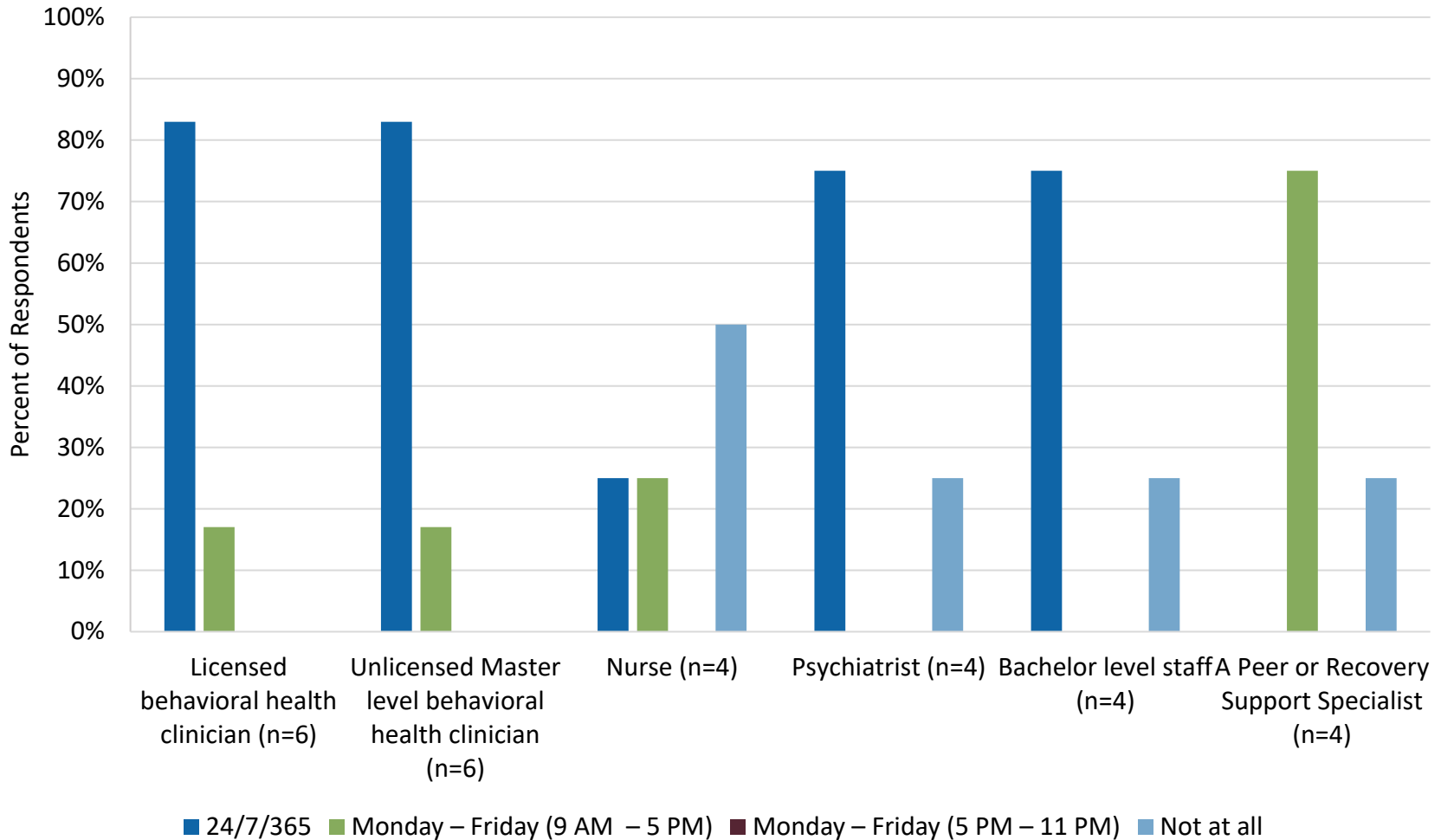
Designated Agencies

40. Please indicate the availability of emergency staff by discipline for telephonic consultation: *excluding DAs with varied responses (analyzed at DA level)
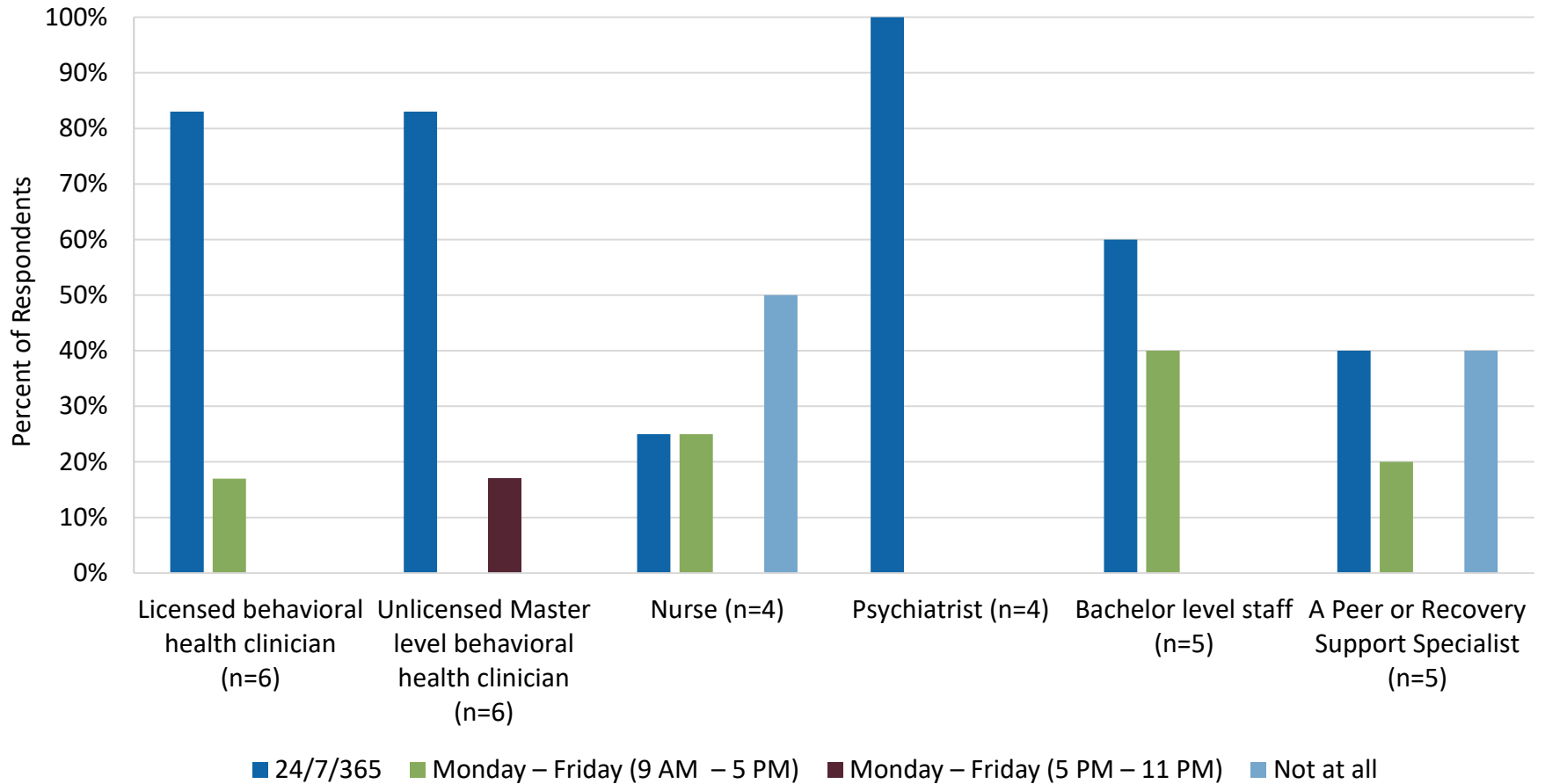
HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

46
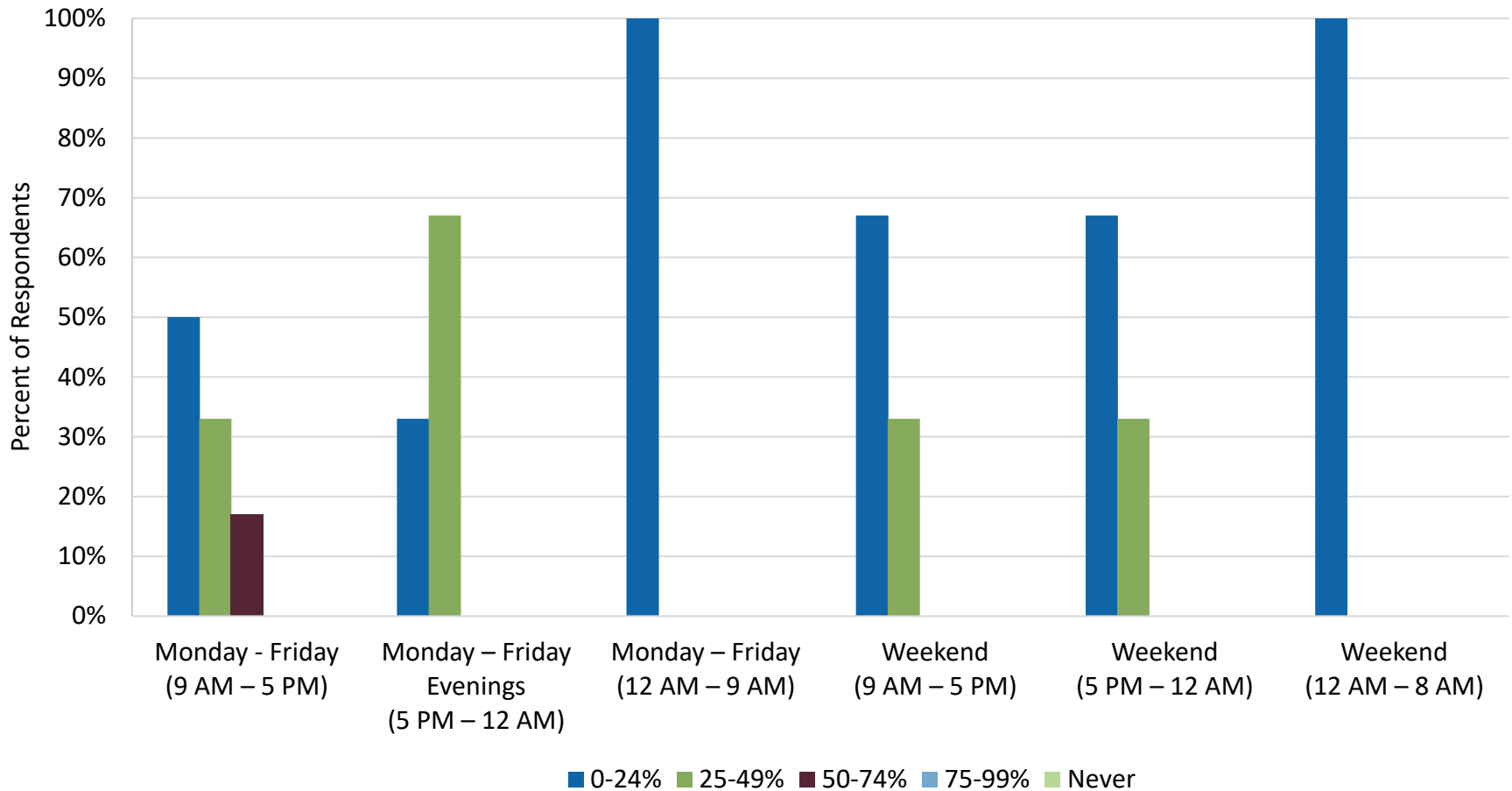
Designated Agencies

42. Describe any barriers to offering mobile crisis services 24/7/365 by a multidisciplinary team (1 behavioral health professional (QMHP) and 1 paraprofessional/peer/or recovery support specialist)? *analyzed at individual level

Answer	%	Count
None – we provide this level of service	4%	1
Funding	30%	7
Staffing	**43%**	**10**
Travel times	9%	2
Other (please describe)	13%	3

Staffing and funding are the primary barriers to offering mobile crisis 24/7/365 by a multidisciplinary team

43. Does your organization collect data on response times (time of request for mobile evaluation and start time of evaluation)? (n=8) *analyzed at DA level

Answer	%	Count
Yes	**100%**	**8**
No	0%	0

All DAs who responded collect data on response times. 63% reported that the travel time to the furthest or most remote location that ES staff are required to travel to deliver crisis services is 1 hour. 37% reported 1-3 hours.

44. If yes, what is the travel time to the furthest or most remote location your ES staff are required to travel to deliver community-based (home, school) crisis services? (n=8) *analyzed at DA level

Answer	%	Count
1 hour	**63%**	**5**
1-3 hours	37%	3
3-4 hours	0%	0
4+ hours	0%	0
Do not collect this data	0%	0

Designated Agencies

45. What is the average travel time to respond to a community-based setting (home, school) in your catchment area? (estimated average travel time if you do not collect this data) (n=7) *analyzed at DA level, excludes DAs with varied responses		
Answer	**%**	**Count**
1 hour	**100%**	**7**
1-3 hours	0%	0
3-4 hours	0%	0
4+ hours	0%	0
Do not collect this data	0%	0

100% of DAs who responded report that the average travel time to respond to a community-based setting is 1 hour.

Designated Agencies
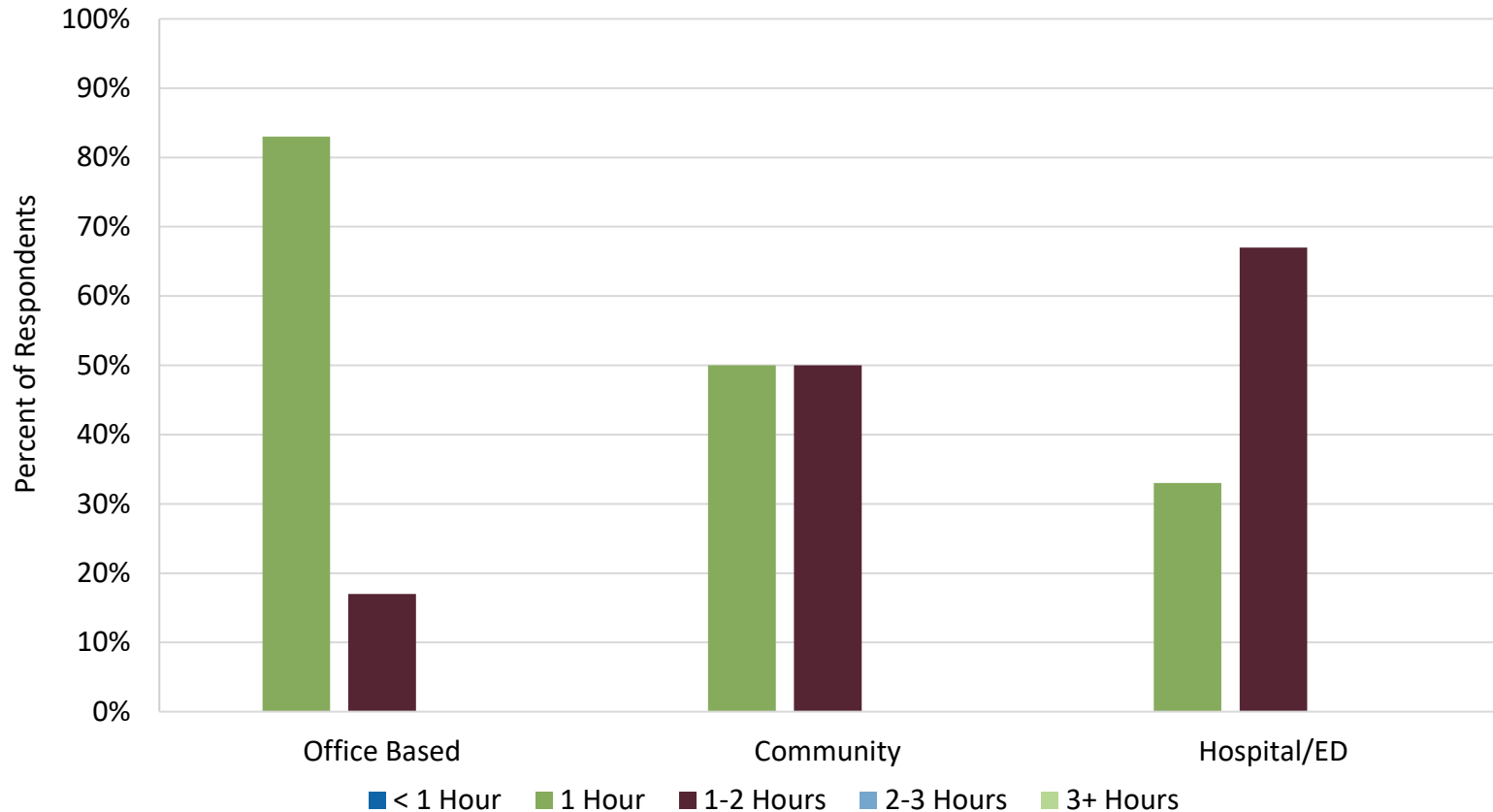
The average duration for each encounter ranges from 1-2 hours, regardless of location.

Designated Agencies

47. Does your organization have any data sharing agreements with other crisis system stakeholders (e.g., state agencies, providers, child welfare/juvenile justice, law enforcement, etc.? (n=8) *analyzed at DA level

Answer	%	Count
Yes (if so, please describe)	38%	3
No	**63%**	**5**

Most DAs do not have data sharing agreements with other crisis system stakeholders. For those who did, agreements were with the Department of Mental Health, a local Federally Qualified Health Center (FQHC), and state and local hospitals.

48. Describe your organization's use technology to support your mobile crisis services (n=8) *analyzed at DA level

Answer	%	Count
None	0%	0
GPS-enabled mobile dispatch connecting the call center and community mobile service providers electronically communicate	13%	1
Telehealth	**100%**	**8**
Web-based bed registries and appointment scheduling	13%	1
System dashboards	13%	1
Other	38%	3

All DAs who responded reported using telehealth.

Designated Agencies

49. What are the barriers to expanding or implementing technology? (analyzed at individual level) (n=11)		
Answer	**%**	**Count**
None	18%	2
Funding	**55%**	**6**
Lack of supplies (i.e., tablets or video-conferencing)	9%	1
Staff training	0%	0
Lack of web access	9%	1
Other (please describe)	9%	1

55% of DA staff reported that funding is a barrier to expanding or implementing technology.

Designated Agencies – Questions on Follow-up Services

50. Does your ES program provide follow-up services? (n=8) *analyzed at DA level

Answer	%	Count
Yes	100%	8
No	0%	0

All DAs who responded provide follow-up services as part of their emergency services program.

50a. If yes, Is there a policy and/or risk assessment process used to determine who receives follow-up? (n=7) *analyzed at DA level, exclude DAs with varied responses

Answer	%	Count
Yes	43%	3
No	57%	4

57% of the DAs who responded do not use a policy and/or risk assessment process to determine who receives follow-up.

50b. If yes, what percentage of adults (>18 years old) receive follow-up services after a crisis assessment? (n=6) *analyzed at DA level, exclude DAs with varied responses

Answer	%	Count
0-24%	50%	3
25-49%	17%	1
50-74%	17%	1
75-99%	17%	1

50% of the DAs who responded reported that 0-24% of adults receive follow up services after a crisis assessment.

50c. If yes, what percentage of children and adolescents (<18 years old) receive follow-up services after a crisis assessment? (n=6) *analyzed at DA level, exclude DAs with varied responses

Answer	%	Count
0-24%	50%	3
25-49%	0	0
50-74%	33%	2
75-99%	17%	1

50% of the DAs who responded reported that 0-24% of children and adolescent receive follow up services after a crisis assessment.

Designated Agencies – Questions on Follow-up Services

50d. What percentage of your follow-up services are delivered? (n=8) *analyzed at DA level

Legend: 0-24% | 25-49% | 50-74% | 75-99%
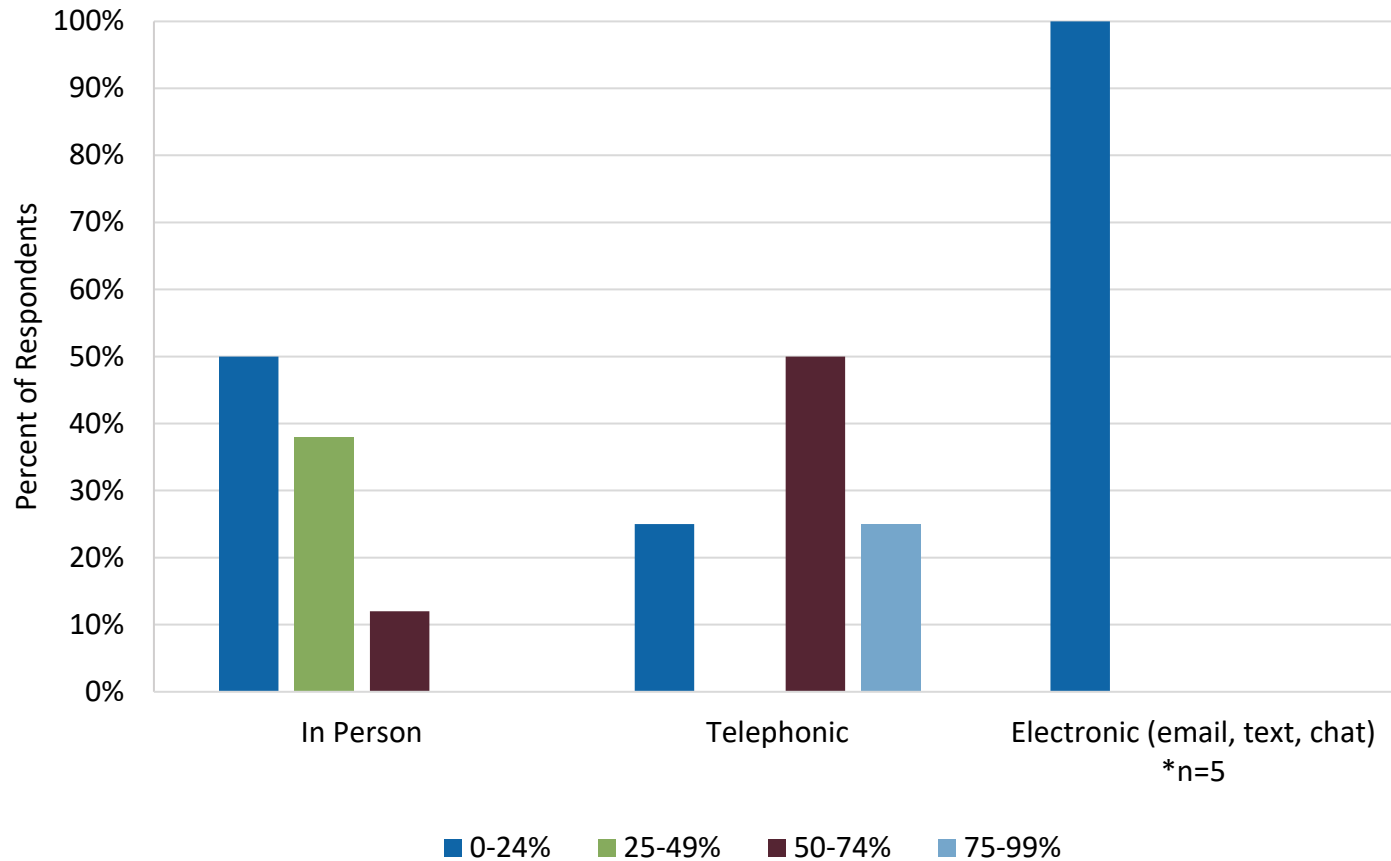
Designated Agencies – Questions on Follow-up Services

50e. If yes, which staff conducts follow-up services (select all that apply). (n=8) *analyzed at DA level

Answer	%	Count
A licensed behavioral health clinician	**100%**	**8**
Unlicensed Masters level behavioral health clinician	**100%**	**8**
A bachelors level counselor	75%	6
A peer or recovery support specialist	38%	3

Licensed and unlicensed master's level behavioral health clinicians primarily conduct follow-up services.

50f. If yes, What is the average duration follow-up services are provided by ES following crisis event/stabilization? (n=5) *analyzed at DA level, excluding DAs with varied responses

Answer	%	Count
Less than 24 hours	20%	1
24-48 hours	**40%**	**2**
Within 7 days	20%	1
7+ days	20%	1

40% of the DAs who responded reported that the average duration of follow-up services provide by emergency services staff is 24-48 hours.

Designated Agencies – Questions on Follow-up Services

50g. If yes, What is the average number of days that follow-up services are provided by ES to adults? (n=7) *analyzed at DA level, excluding DAs with varied responses

Answer	%	Count
1	0%	0
1-3 days	**86%**	**6**
3-5 days	0%	0
5+ days	14%	1

The average number of days that follow-up services were provided by emergency services to adults was primarily about 1-3 days.

50h. If yes, What is the average number of days that follow-up services are provided by ES to youth? (n=6) *analyzed at DA level, excluding DAs with varied responses

Answer	%	Count
1	0%	0
1-3 days	**100%**	**6**
3-5 days	0%	0
5+ days	0%	0

The average number of days that follow-up services were provided by emergency services to youth was primarily about 1-3 days.

Designated Agencies

50i. If yes, Are follow-up services reimbursed? (n=8) *analyzed at DA level

Answer	%	Count
Yes	75%	6
No	25%	2

Most follow-up services are reimbursed.

50j. Are follow-up services billed to Medicaid? (n=8) *analyzed at DA level

Answer	%	Count
Yes	75%	6
No	25%	2

Most follow-up services are billed to Medicaid.

HEALTH MANAGEMENT ASSOCIATES

Designated Agencies

51. Does your program have contracts with commercial payers for Emergency Services? (n=7) *analyzed at DA level

Answer	%	Count
Yes (if yes, which ones?)	43%	3
No	**57%**	**4**

43% of the DAs who responded have contracts with commercial payers for Emergency Services.

52. Do you consistently bill commercial payers for Emergency Services? (n=7) *analyzed at DA level

Answer	%	Count
Yes	**71%**	**5**
No	29%	2

71% of the DAs who responded consistently bill commercial payers for Emergency Services.

53. Do commercial payers consistently pay Emergency Services claims? (n=6) *analyzed at DA level

Answer	%	Count
Yes	50%	3
No	50%	3

Half the DAs who responded reported that commercial payers consistently pay Emergency Services claims.

HEALTH MANAGEMENT ASSOCIATES

CONSUMER/FAMILY/ OTHER

(NUMBER OF RESPONDENTS=41)

Consumer/Family/Other

1. What county do you live in? (n=41)

Answer	%	Count
Addison County	7%	3
Bennington County	2%	1
Caledonia County	5%	2
Chittenden County	**17%**	**7**
Essex County	0%	0
Franklin County	7%	3
Grand Isle County	5%	2
Lamoille County	0%	0
Orange County	7%	3
Orleans County	2%	1
Rutland County	5%	2
Washington County	**32%**	**13**
Windham County	2%	1
Windsor County	7%	3
I am not sure	0%	0

Most participants are from Chittenden County and Washington County.

2. Do you, or does anyone you know, get services in other counties? (n=30)

Answer	%	Count
Addison County	3%	1
Bennington County	0%	0
Caledonia County	3%	1
Chittenden County	**23%**	**7**
Essex County	0%	0
Franklin County	10%	3
Grand Isle County	0%	0
Lamoille County	0%	0
Orange County	3%	1
Orleans County	3%	1
Rutland County	0%	0
Washington County	7%	2
Windham County	7%	2
Windsor County	0%	0
I am not sure	**40%**	**12**

40% were not sure, but 23% reported that people receive services in Chittenden County.

Consumer/Family/Other

3. Have you, or anyone you know, got crisis services in the past year? Choose the option that best shows how much. (n=41)		
Answer	**%**	**Count**
Yes, one to two times	22%	9
Yes, two to five times	17%	7
Yes, more than five times	5%	2
No, but needed to	2%	1
Not at all	**54%**	**22**

Over half of respondents have not/do not know someone who has received crisis services in the past year, while 22% received services one or two times.

4. How would you describe the crisis services you got? (n=38)		
Answer	**%**	**Count**
It was great	8%	3
It was good	10%	4
It was ok	16%	6
It was bad	16%	6
I did not get any crisis services	50%	19

Most respondents who did receive crisis services described them as "ok" or "bad." However, 50% did not receive crisis services.

Consumer/Family/Other

5. What crisis services were most helpful? You can choose more than one. (n=22)

Answer	%	Count
Talking to someone on the phone	**32%**	**7**
I met with someone in person	27%	6
I got services in the community, at home, or in school	14%	3
It didn't take too long to get help (less than an hour)	23%	5
I was happy with the help I got	5%	1
The staff was kind and helpful	32%	7
The staff helped me find more support	14%	3
Other (text)	50%	11

Many respondents found that the staff being kind and helpful and speaking with someone over the phone were the most helpful crisis services.

6. Has there been anything hard about getting crisis services? You can choose more than one. (n=28)

Answer	%	Count
There hasn't been anything hard	11%	3
Not knowing where or who to call	**54%**	**15**
There were no crisis staff available to help	32%	9
The staff took too long (more than an hour)	25%	7
Not having transportation	25%	7
Other (text)	43%	12

Most respondents reported that not knowing where or who to call has been the hardest thing about getting crisis services.

HEALTH MANAGEMENT ASSOCIATES

7. When you got crisis services, what was your experience?
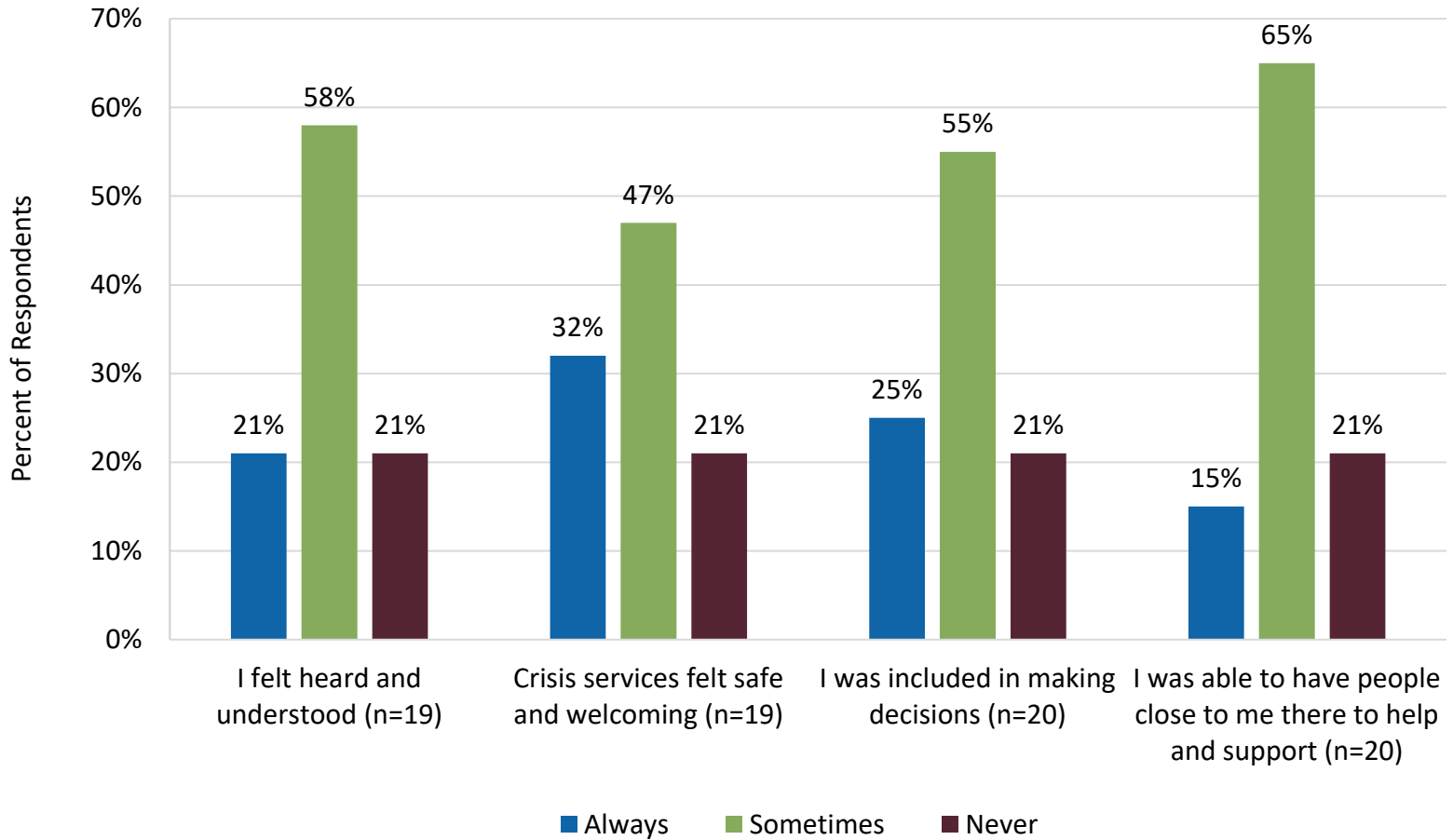
Most respondents reported experiencing all 4 fields "sometimes."

8. Do you know what crisis services are available, when they are available, and where you can get them?
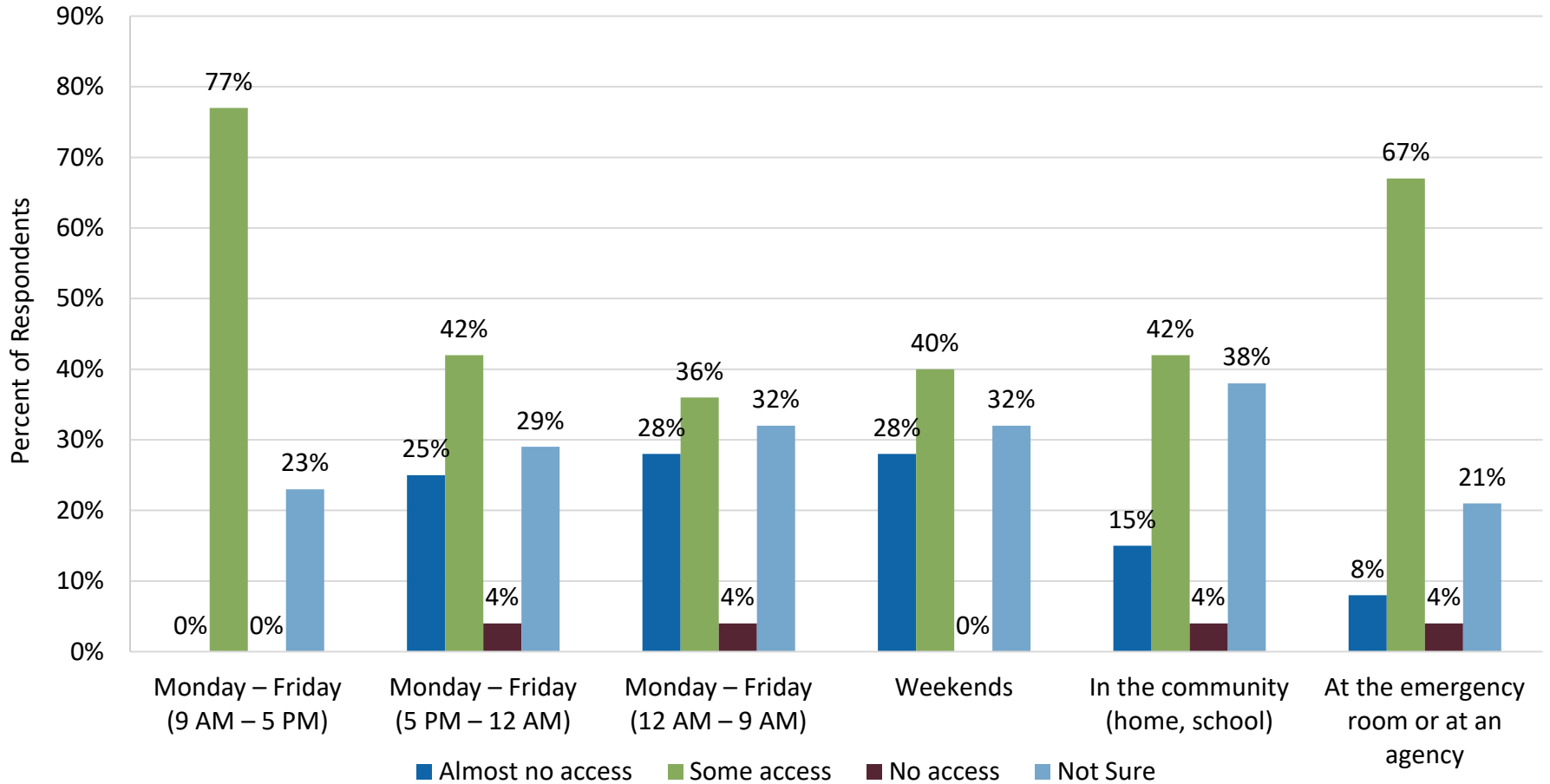
Respondents reported that there is largely "some access" to crisis services at all times.

Consumer/Family/Other

9. When you got mobile crisis services, where did you get the services? (You can choose more than one) (n=21)

Answer	%	Count
In the community (my home, work, school or other)	43%	9
At an agency or crisis provider office	24%	5
In an emergency department or hospital	**67%**	**14**
Other (text)	24%	5

Most crisis services were received in an emergency department or hospital.

10. When you got crisis services, where did you MOST OFTEN get the services? (n=22)

Answer	%	Count
In the community (my home, work, school or other)	23%	5
At an agency or crisis provider office	14%	3
In an emergency department or hospital	**50%**	**11**
Other (please describe)	14%	3

Half of the respondents reported getting crisis services most often in an emergency department or hospital.

11. Where would you like to get crisis services?

Answer	%	Count
In the community (my home, work, school or other)	**64%**	**18**
At an agency or crisis provider office	21%	6
In an emergency department or hospital	7%	2
Other (text)	7%	2

Most respondents would like to get crisis services in their communities, whether in the home, work, school, etc.

Consumer/Family/Other

12. What kind of health insurance do you have? (n=36)		
Answer	**%**	**Count**
Through an employer, union, or family member' employer	**42%**	**15**
I buy insurance myself or another family member buys insurance on our own	6%	2
Medicaid or other state program	4%	5
Medicaid and commercial insurance	0%	0
Medicare	14%	5
Veterans' Administration	0%	0
Alaska Native, Indian Health Service, Tribal Health Services	0%	0
I have no health care coverage	8%	3
I have no health care coverage and pay cash for health care	0%	0
Other (please describe)	6%	2
Decline to answer	11%	4

Employer or union health insurance was the most common coverage type among the respondents.

Hospital/Emergency Department

1. On average, on a monthly basis how often do mobile crisis teams conduct crisis assessments in the ED? (This does not include response by a Recovery Coach) (n=15)		
Answer	**%**	**Count**
Never	20%	3
Once a month	0%	0
Two or three times a month	0%	0
Three to five times a month	20%	3
More than five times a month	**60%**	**9**

Most mobile crisis teams conducted assessments in the ED more than five times a month.

2. On average, what percentage of individuals that present to the ED for a mental health or substance use related crisis could have been evaluated in the community (i.e., did not warrant medical screening)? (n=15)		
Answer	**%**	**Count**
0-25%	20%	3
25-50%	33%	5
50-75%	**47%**	**7**
75-100%	0%	0

7 respondents said 50-75% of individuals that present to the ED for a mental health or substance use related crisis could have been evaluated in the community.

Hospital/Emergency Department

3. When people experiencing a mental health and/or substance use related crisis present to the ED what is the entry point/referral? Check all that apply (n=15)		
Answer	**%**	**Count**
Self-referred/walk in	87%	13
EMS/ambulance	87%	13
Instructed to come to the ED by DA emergency services	87%	13
Instructed to come to the ED by their PCP or community health team	87%	13
Instructed to come to the ED by their behavioral health treatment provider	60%	9
Instructed to come to the ED by their SUD hub and spoke provider	33%	5
Instructed to come to the ED by a community entity (school, DCF, probation/parole, etc.)	60%	9
Brought in by family or friend	**93%**	**14**
Law enforcement	80%	12
Other	0%	0

People experiencing a mental health and/or substance use related crisis who present to the ED come from a variety of entry points/referrals. The top entry point is being brought to the ED by a family member or friend.

Hospital/Emergency Department

0, 0%

3, 20%

5, 33%

7, 47%

- Never
- Sometimes
- Often
- Frequently

47% responded that a crisis is "sometimes" substance use related.

5. For people experiencing a crisis, how often is it mental health related? (n=15)

0, 0%   1, 6%

4, 27%

10, 67%

- Never
- Sometimes
- Often
- Frequently
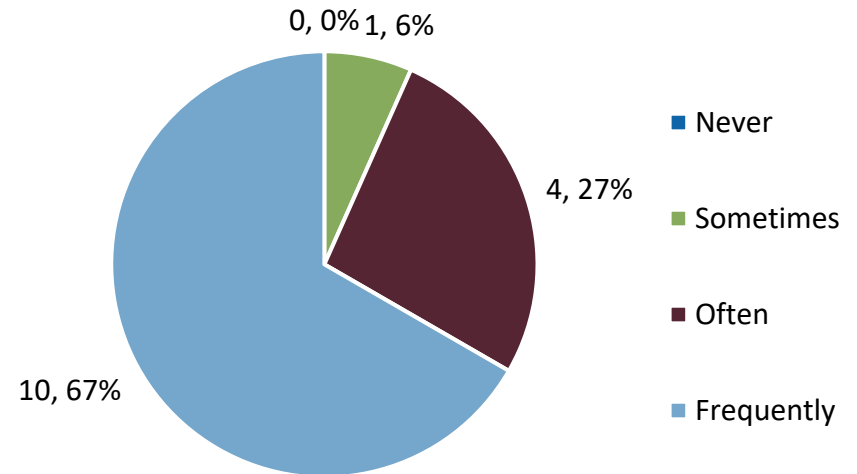
Most respondents said a crisis is "frequently" mental health related.

Hospital/Emergency Department

6. How do you connect patients to mobile crisis services? (n=15)

Answer	%	Count
Call the DA mobile crisis line directly	**53%**	**8**
Give the patient the phone number for DA Emergency Service team	33%	5
Other (please describe)	13%	2

More than half of respondents connect patients to mobile crisis services by calling the DA mobile crisis line directly.

7. What is the average response time for a mobile crisis team to respond to the ED in your catchment area? (n=15)
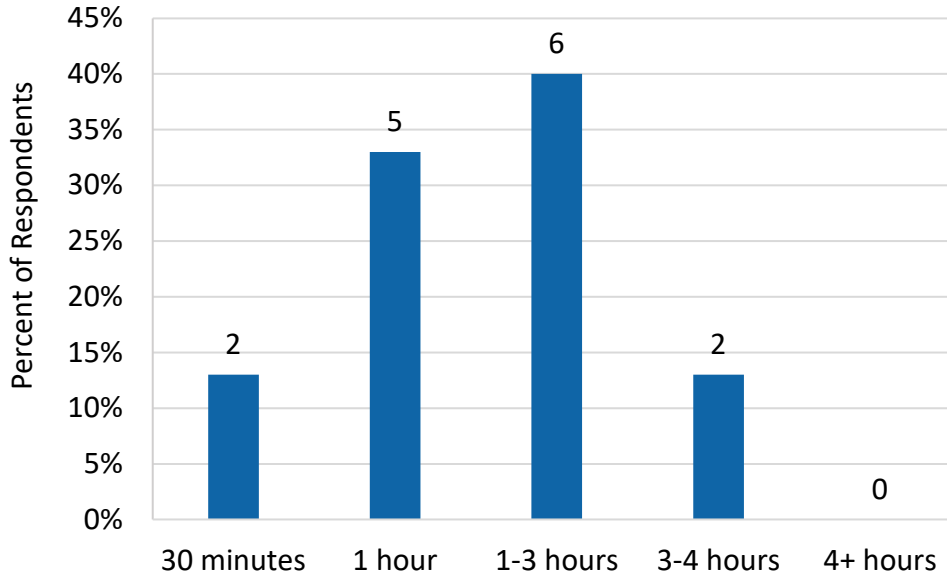
40% of respondents said the average response time for mobile crisis teams is 1-3 hours.

Hospital/Emergency Department

8. On average, what is the amount of time spent coordinating care for people experiencing a crisis in the ED? (n=15)
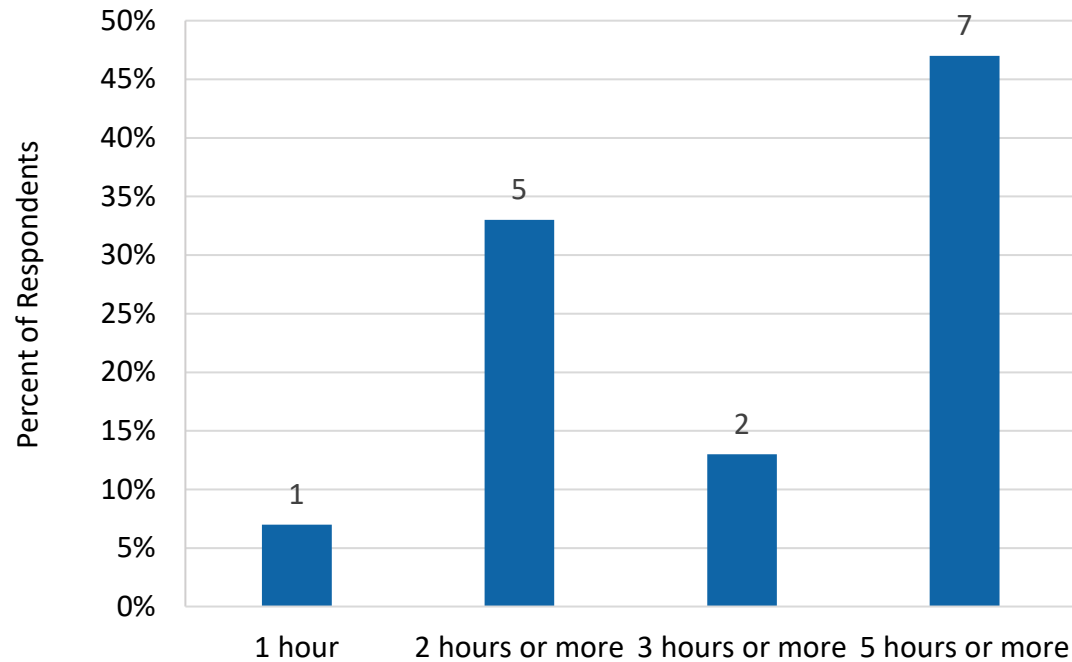
Many responded that it takes 5 hours or more to coordinate care in the ED.

Hospital/Emergency Department

9. In the past month, how often do you see people previously referred to mobile crisis services return to the ED in crisis? (n=15)

- Rarely
- Sometimes (2-3 times)
- Often (3-5 times)
- Frequently

0, 0%
4, 27%
5, 33%
6, 40%
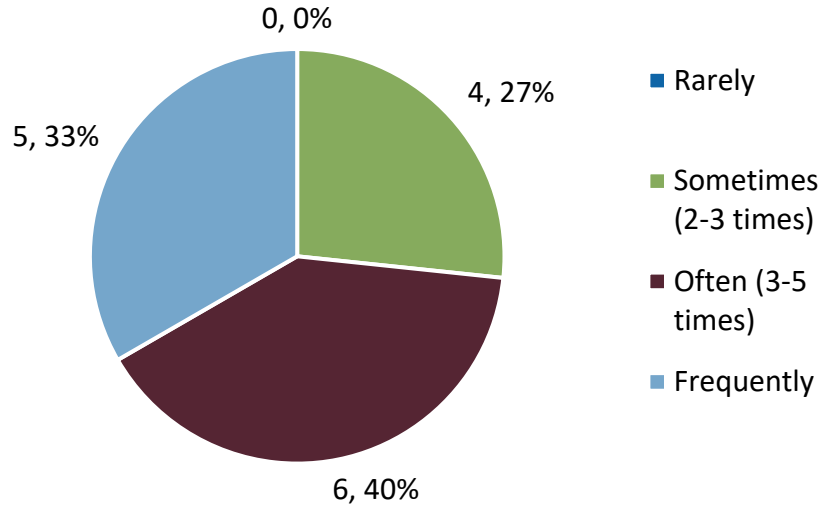
40% have seen people previously referred to mobile crisis services return to the ED in crisis "often" (3-5 times).

10. Based on your experience, is the current data sharing between EDs and mobile crisis teams sufficient to share patient information to coordinate care? (n=15)

- Yes
- No

6, 40%
9, 60%
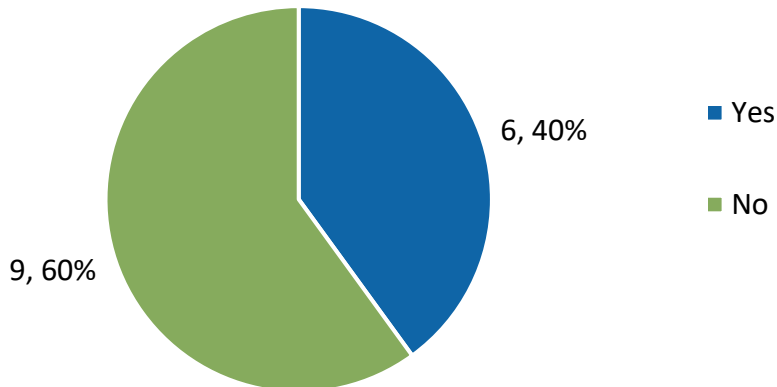
60% say the current data sharing between EDs and mobile crisis teams is insufficient.

HEALTH MANAGEMENT ASSOCIATES

LAW ENFORCEMENT

(NUMBER OF RESPONDENTS=10)

Law Enforcement

2, 20%

- Yes
- No

8, 80%
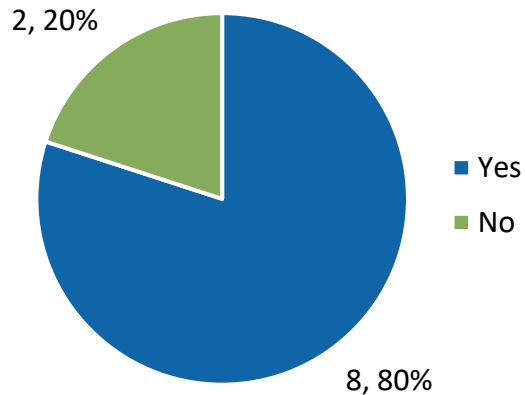
The vast majority said their community/region has an embedded mental health crisis specialist program.

If yes, is there an oversight entity (workgroup) responsible for overseeing the embedded mental health crisis specialist program? (n=7)

3, 43%

- Yes
- No

4, 57%
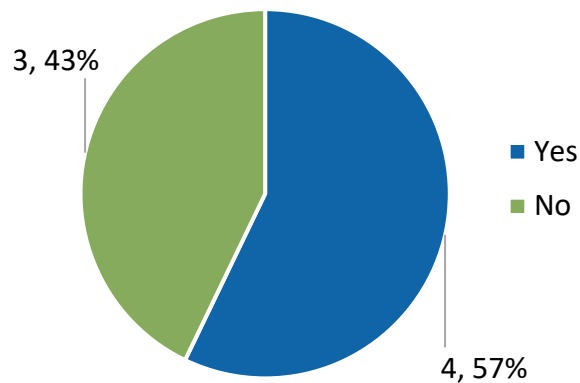
Of those that reported having an embedded mental health crisis specialist program in their region, over 50% said there is an oversight entity responsible for overseeing the embedded mental health crisis specialist program.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

2. Does your department require staff training on the following topics: (select all that apply) (n=10)		
Answer	**%**	**Count**
Crisis Intervention Team (CIT) Training	50%	5
Mental health, not associated with CIT	**90%**	**9**
Substance use, not associated with CIT	60%	6
Overdose prevention and Naloxone/Narcan	**90%**	**9**
Individuals with developmental and/or intellectual disabilities, not associated with CIT	80%	8
De-escalation	**90%**	**9**
Trauma	70%	7
Managing a mental health related crisis	70%	7
No required training	0%	0

90% of respondents said their department requires staff training on "mental health, not associated with CIT," "overdose prevention and Naloxone/Narcan," and "de-escalation."

Law Enforcement

3. Does your department require separate staff training for youth? (n=10)

5, 50%

■ Yes

■ No

5, 50%
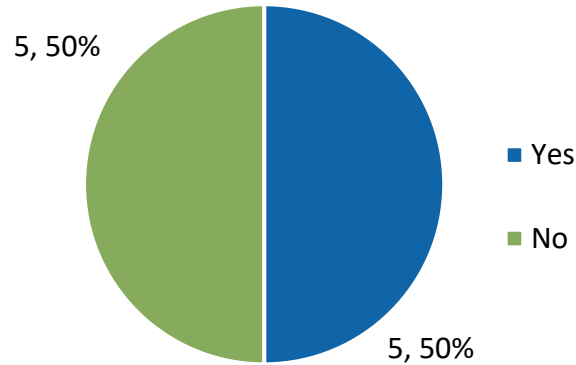
Half the respondents reported having separate staff training for youth.

If yes, select which trainings are separate for youth: (n=5)

Answer	%	Count
Crisis Intervention Team (CIT) Training	40%	2
Mental health, not associated with CIT	60%	3
Substance use, not associated with CIT	60%	3
Overdose prevention and Naloxone/Narcan	40%	2
Individuals with developmental and/or intellectual disabilities, not associated with CIT	60%	3
De-escalation	60%	3
Trauma	60%	3
Managing a mental health related crisis	40%	2
No required training	0%	0

No significant difference in responses.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

4. What % of your OVERALL work involves issues/calls related to mental health or substance use issues? (n=10)

Answer	%	Count
0-5%	0%	0
6-20%	40%	4
21-50%	20%	2
More than 51%	40%	4

40% of respondents said **6-20%** or **more than 51%** of their work involves issues/calls related to mental health or substance use issues.

5. What % of your calls are calls that are coded as mental health and/or substance use calls? (n=10)

Answer	%	Count
0-5%	10%	1
6-20%	**70%**	**7**
21-50%	0%	0
More than 51%	20%	2

70% said that **6-20%** of their calls are coded as mental health and/or substance use calls.

6. In a single shift, what is the average # of mental health and/or substance use calls you handle? (n=10)

Answer	%	Count
0	0%	0
1-2	**60%**	**6**
2-4	30%	3
4+	10%	1

60% of respondents said they get an average of 1-2 mental health and/or substance use calls in a single shift.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

7. What is the average amount of time spent per encounter managing mental health and/or substance use related matters? (n=10)

Answer	%	Count
Less than 1 hour	10%	1
1-2 hours	**90%**	**9**
3-4 hours	0%	0
4+ hours	0%	0

90% said they spend an average of 1-2 hours per encounter managing mental health and/or substance use related matters.

8. Does your department have policy and procedures allowing a person experiencing a crisis to be transported to a non-hospital crisis Stabilization Center? (n=9)

Answer	%	Count
Yes	44%	4
No	**56%**	**5**

56% said their department does not have policy and procedures allowing a person experiencing a crisis to be transported.

If yes – what is the average amount of time the Law Enforcement Officer waits at the non-hospital crisis Stabilization Center? (n=3)

Answer	%	Count
Less than 1 hour	**100%**	**3**
1-2 hours	0%	0
3-4 hours	0%	0

For those who said yes, all respondents said the average amount of time a Law Enforcement Officer waits at the non-hospital crisis Stabilization Center is less than 1 hour.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

9. Is your department required to transport (with or without EMS) a person experiencing a mental health crisis and in need of further evaluation to hospitals? (n=10)

3, 30%
- Yes
- No

7, 70%
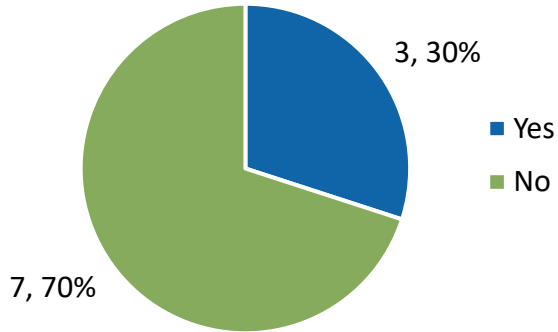
70% said their department is not required to transport a person to a hospital.

If yes, in what circumstances? (n=3)

Answer	%	Count
For mental health crises only	33%	1
For substance use crises only	0%	0
For both mental health and substance use crises	67%	2

For those that responded transport is required, most reported that it is required for both mental health and substance use crises.

If yes, what is the average amount of time the Law Enforcement Officer waits at the hospital? (n=3)

Answer	%	Count
Less than 1 hour	67%	2
1-2 hours	33%	1
3-4 hours	0%	0

For those that responded transport is required, the majority said the average amount of time a Law Enforcement Officer waits at the hospital is less than 1 hour.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

10. What can be done to strengthen the partnership between mobile crisis – law enforcement? (n=10)		
Answer	**%**	**Count**
Increase opportunities for mobile crisis to jointly respond and manage health and other related calls	**80%**	**8**
Have mobile crisis accept police "handoffs or transfers" of people in need of their support in the community	**80%**	**8**
Joint training with mobile crisis teams	30%	3
More training on responding to mental health crises and how to coordinate with mobile crisis teams	10%	1
Increase the number of crisis stabilization centers where police can "drop-off" people in need	60%	6
Reduce wait times at emergency departments	30%	3
Reduce wait times for community-based mobile crisis services	40%	4
Convene regular meetings with Law Enforcement and Crisis Teams	30%	3
Improve information sharing across systems	50%	5
Other (please describe)	10%	1

The top strategies law enforcement stakeholders selected to strengthen partnerships with mobile crisis are: "increasing opportunities for mobile crisis to jointly respond and manage health and other related calls," and "having mobile crisis accept police 'handoffs or transfers' of people in need of their support in the community."

Law Enforcement

3, 30%

■ Yes

■ No

7, 70%

70% said their department collects and reports situations that are mental health and/or substance use related.

13. Does your department share mental health and/or substance use crisis related information with health stakeholders? (n=10)

4, 40%

■ Yes

■ No

6, 60%
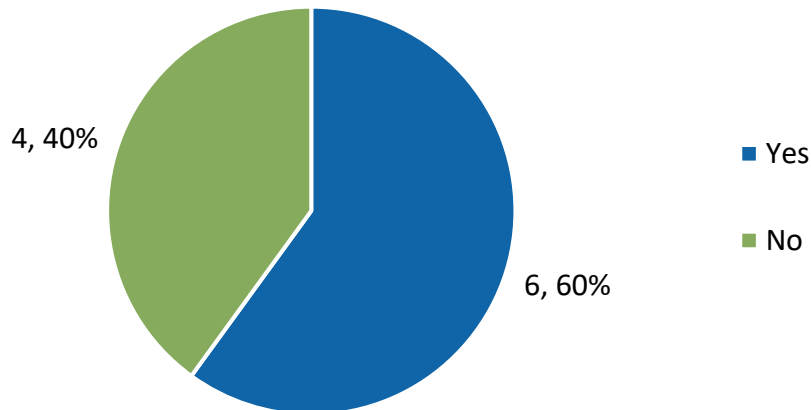
60% said their department shares mental health and/or substance use crisis related information with health stakeholders.

HEALTH MANAGEMENT ASSOCIATES

Law Enforcement

13a. If yes, what data is shared? (n=4)		
Answer	**%**	**Count**
Health information (name, mental health and/or substance use related information	0%	0
Non-protected health information	**100%**	**4**

For those that reported that they share data on mental health/substance use related situations, all respondents said they share non-protected health information.

13a1. With what partners? (n=4)		
Answer	**%**	**Count**
EMS	50%	2
Other behavioral healthcare providers	25%	1
Physical healthcare providers	25%	1
Social service providers	**75%**	**3**
Other (please describe)	**75%**	**3**

For those that reported that they share data on mental health/substance use related situations, 75% said they share information with social service providers and other partners.

Law Enforcement

13a2. How is it shared? Select all that apply (n=4)

Answer	%	Count
Phone	25%	1
Email	25%	1
Fax	0%	0
Shared information exchange platform	0%	0
Other (please describe)	**75%**	**3**

For those that reported that they share data on mental health/substance use related situations, 75% said they share information in ways other than phone, email, fax, or a shared information exchange platform – including in person on the scene and a website.

13a3. Do you have policies and protocols governing information sharing? (n=5)

Answer	%	Count
Yes	**60%**	**3**
No	40%	2

For those that reported that they share data on mental health/substance use related situations, 60% said they have policies and protocols governing information sharing.

13b, If no, what are the barriers to sharing this information going forward? (n=2)

Answer	%	Count
Confidentiality	50%	1
No agreement in place to share data and information	50%	1
Other (please describe)	50%	1

No significant difference in responses.

Law Enforcement

14. Does your department use technology to support your mental health and/or substance use crisis response? (n=10)

- Yes
- No

4, 40%

6, 60%
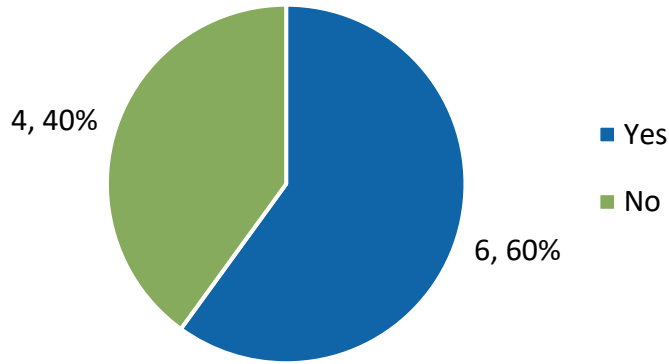
60% said their department uses technology to support mental health and/or substance use crisis responses.

If yes – select those which your department employs: (n=6)

Answer	%	Count
Tablet or phone-based applications to access information	50%	3
Video conferencing or telemedicine to connect with mental health professional	0%	0
Other (please describe)	50%	3

50% said their department employs tablet or phone-based applications to access information and other methods (which include computers, records management system, and computer aided dispatch (CAD) systems).

Law Enforcement

15. Are there barriers to expanding or implementing technology? (n=10)

4, 40%
- Yes
- No

6, 60%
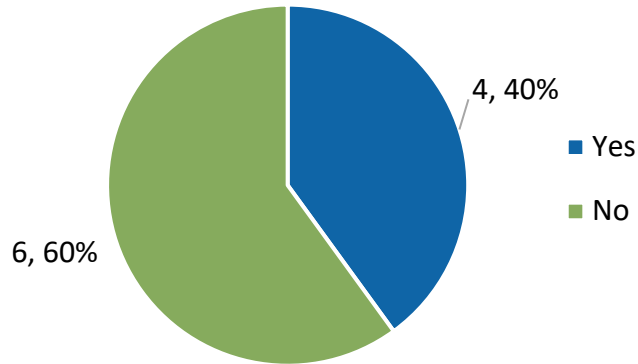
60% said there are no barriers to expanding or implementing technology.

If yes, what are the barriers? (n=4)

Answer	%	Count
Funding	50%	2
Staff training	0%	0
Lack of supplies	**75%**	**3**
Lack of web access	50%	2
Other	25%	1

Of those that reported barriers, the top barrier to expanding or implementing technology is lack of supplies.

16. Do you believe there are any opportunities to leverage technology? (n=8)

3, 38%
- Yes
- No

5, 62%
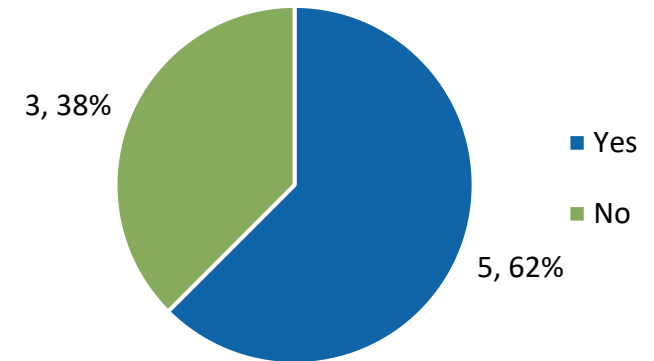
Most respondents believe there are opportunities to leverage technology.

SCHOOLS

(NUMBER OF RESPONDENTS=8)

Schools

1. Which school grades are you responding for? (Check all that apply) (n=8)

| Answer	%	Count
Elementary School	75%	6
Middle School	88%	7
High School	63%	5

88% were responding for middle school grades.

2. Does your school have a mental health crisis response and intervention plan? (n=8)


2, 25% — No
6, 75% — Yes
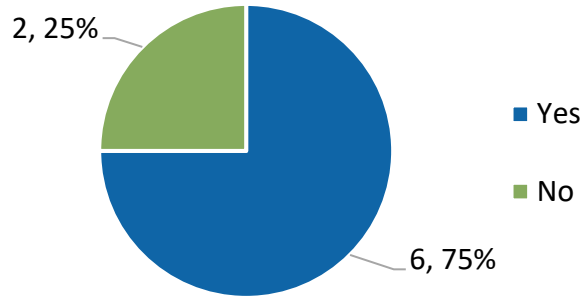
88% reported that their school has a mental health crisis response and intervention plan.

3. Does your school or school district have a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the school and mobile crisis provider? (n=6)


3, 50% — No
3, 50% — Yes
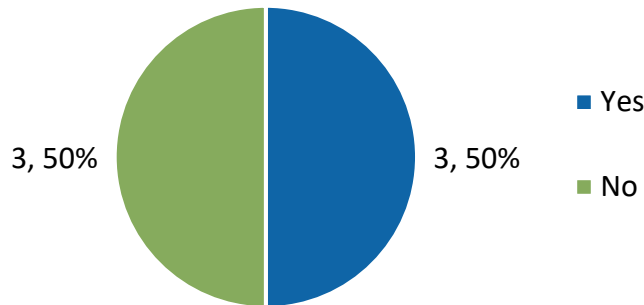
No significant differences in responses. Half the respondents reported having a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the school and mobile crisis providers.

HEALTH MANAGEMENT ASSOCIATES

Schools

4. Does your school have in-house behavioral health clinical staff? (n=8)

- 2, 25%
- 6, 75%
- ■ Yes
- ■ No
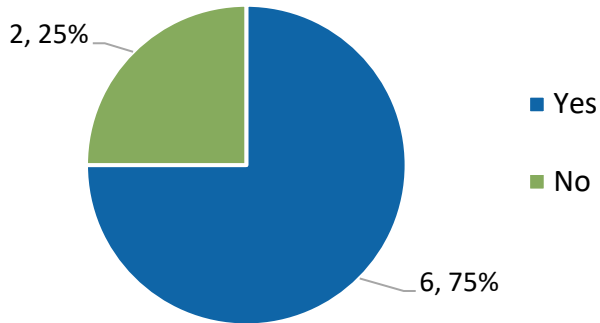
75% of respondents said their school has in-house behavioral clinical staff.

If yes: Are they responsible for handling student mental health crisis situations? (n=6)
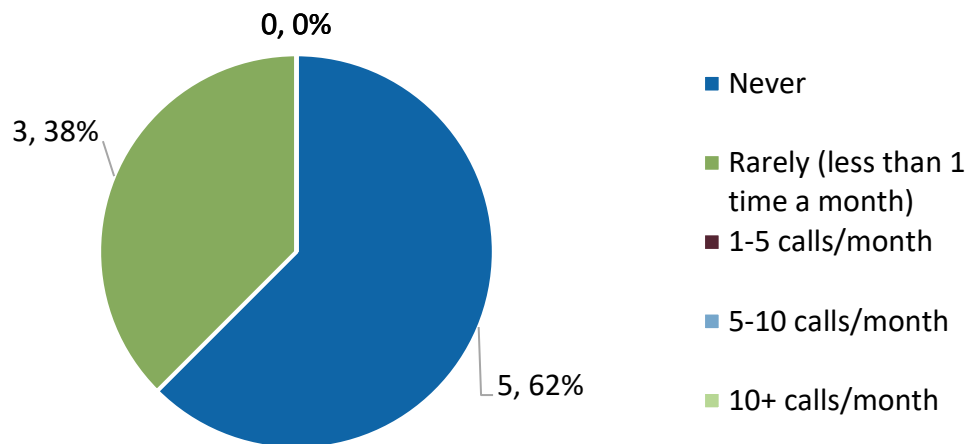

- 2, 33%
- 4, 67%
- ■ Yes
- ■ No
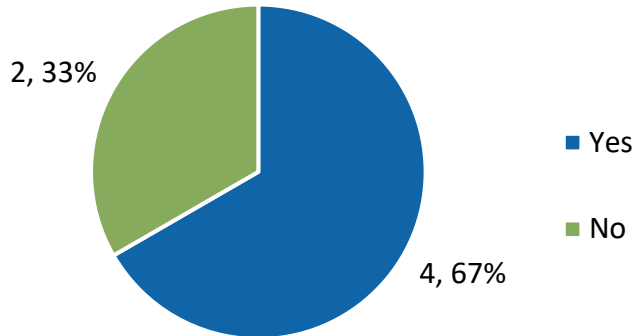
Of those that have in-house behavioral health clinical staff, 67% of respondents said the in-house behavioral health clinical staff is responsible for handling student mental health crisis situations.

Schools

| How would you rate their effectiveness in managing these situations? (n=4)		
Answer	**%**	**Count**
Excellent - this reduces the need for outside interventions (911/Mobile Crisis/Other)	**50%**	**2**
Fair - this helps manage situations but only minimally reduces the need for outside interventions (911/Mobile Crisis/Other)	**50%**	**2**
Needs improvement - not very effective in managing the situation or reducing the need for outside interventions (911/Mobile Crisis/Other)	0%	0

Of those that have an in-house behavioral health clinical staff, responses reported that they were excellent or fair in their effectiveness in managing crisis situations.

5. How often does your school call 911 regarding a student experiencing a mental health crisis? (n=8)

- Never
- Rarely (less than 1 time a month)
- 1-5 calls/month
- 5-10 calls/month
- 10+ calls/month

0, 0%
3, 38%
5, 62%

Respondents said their school "never" or "rarely" calls 911 regarding a student experiencing a mental health crisis.

6. Are there any situations when the school calls for community mobile crisis team (Designated Agency Emergency Services) to the school to address a student in crisis? (n=8)

- 2, 25%
- 6, 75%
- ■ Yes
- ■ No
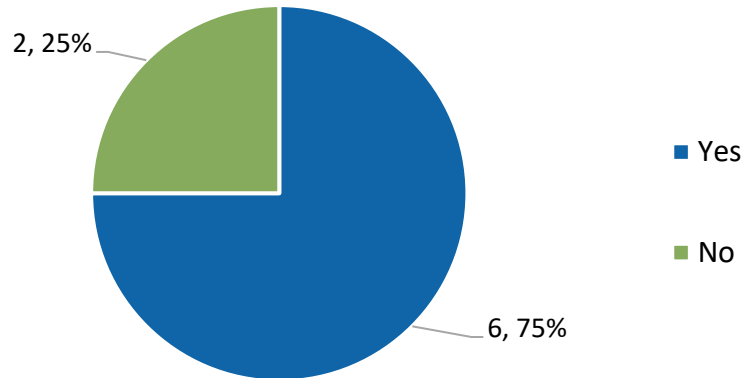
75% said there are situations when the school calls for a community mobile crisis team to address a student in crisis.

Schools

If no, how does your school handle the crisis (select all that apply) (n=2)		
Answer	**%**	**Count**
Manage the crisis within the school with in-house clinical behavioral health staff	**100%**	**2**
Manage the crisis within the school with teachers and/or other staff	50%	1
Transport the student to a hospital	0%	0
Call the parent for them to manage the crisis	**100%**	**2**
Call 911	0%	0
Other (please describe)	50%	1

Of those that indicated that they do not call for a mobile crisis team, schools reported that they handle the crisis with in-house clinical behavioral health staff and call the parent for them to manage the crisis.

If yes, how often does your school call mobile crisis services regarding a student experiencing a mental health crisis? (n=5)		
Answer	**%**	**Count**
Never	0%	0
Rarely (less than 1 time a month)	**80%**	**4**
1-5 calls/month	0%	0
5-10 calls/month	20%	1
10+ calls/month	0%	0

Of those that indicated they do call mobile crisis, 80% reported that they rarely call.

HEALTH MANAGEMENT ASSOCIATES

Schools

7. Identify any barriers in connecting people with mobile crisis services. (n=8)

Answer	%	Count
There are no barriers	25%	2
Do not know where to call	13%	1
No crisis staff were available and was directed elsewhere	38%	3
Lack of timely response (within 60 minutes) to a request for crisis assistance	38%	3
Lack of parent/guardian permission	**50%**	**4**
Family/(ies) declined based on previous mobile crisis experience	25%	2
Other (text)	25%	2

For schools, the most common barrier in connecting people with mobile crisis services is lack of parent/guardian permission.

8. What has been your school's experience in connecting students with crisis services? (n=8)

Answer	%	Count
Very positive, mobile crisis routinely and effectively manages school-based crisis situations	13%	1
Varies, there are times mobile crisis is available and others when they are not	25%	2
Long wait times for mobile crisis to respond	13%	1
Frequently told to bring the student to a local hospital	**38%**	**3**
Other (text)	13%	1

Many responded that their school is frequently told to bring the student to a local hospital when attempting to connect students with crisis services.

Schools

9. What can be done to strengthen the partnerships between schools and mobile crisis service programs? (n=8)		
Answer	**%**	**Count**
Formalize the relationship with the local Mobile Crisis program through an MOU	50%	4
Require mobile crisis response to respond to schools	50%	4
Reduce the use of 911 to handle student crisis response, when appropriate	13%	1
Reduce wait time for community-based mobile crisis services to respond	63%	5
Convene regular meetings with schools and crisis teams	50%	4
Improve information sharing across systems	**88%**	**7**
Other (text)	0%	0

88% said the improvement of information sharing across systems can be done to strengthen the partnership.

2022 Vermont Mobile Crisis Services Survey Results – Qualitative Analysis

This memo supplements the Vermont Mobile Crisis Survey Data Analysis presentation slide deck by providing qualitative analysis of select short response questions from the mobile crisis services survey and further details where respondents selected "Other – please describe" for select questions. References to specific slide numbers are indicated.

Questions for All

Stakeholders Identified as "Other"

Slide 4 – Question 2. Choose one that best describes your role

Respondents were asked to select their stakeholder type from a list of 13 possible options: Law Enforcement, Emergency Medical Services, Court System Stakeholders, Designated Agency (DA), Physical health care provider, Social services provider, Mental health and/or substance use provider (non-DA), Hospital/Emergency Department, School, Peer or Recovery Specialist, Persons with history of receiving crisis services, Families and people with loved ones who experience the crisis service system, and Member of the Community. They also had an "other" option where they could write in their own response. In total, 39 respondents provided "other" responses. Of those responses, 7 could be coded to Mental Health and/or substance use provider, 4 to Social Services Provider, 1 to Families, 1 to Community Member, 1 to Emergency Medical Services (EMS), 1 to Designated Agencies (DAs), 1 to School, 1 to Person receiving services, and 1 to Peer or Recovery specialist. The other responses included: 8 respondents who represent a government agency, 4 who represent public guardians, 4 who represent CBOs, and 3 who are advocates, and 1 who represents a payer.

"Pockets of Excellence"

Slide 8 – Question 9. What are "pockets of excellence", or what is working well within Vermont's mental health and/or substance use related crisis system? (choose all that apply)

The survey asked respondents to select "pockets of excellence" or areas that work well in Vermont's mental health and/or substance use related crisis system. In total, 71 out of 270 respondents selected "other". Of the respondents who selected "other," the majority (55%) indicated that either nothing is working well or that they are uncertain of what is working well. Other common responses under "Other" included that the crisis services were generally strained and depleted and that they need more services and supports (7%), that community-based crisis services are working well (7%), and that recovery coaching is working well (6%).

Areas of Improvement

Slide 9 – Question 10. What services are currently missing or can be improved upon in Vermont's mental health and/or substance use related crisis system? (choose all that apply)

In terms of what services are currently missing or can be improved upon, 53 respondents provided answers in the "other" option. Responses varied but a few common themes included peer services, having more beds and residential options (including ED alternatives), and wraparound or follow-up services.

Challenges to Effective Community-based Mobile Crisis Services

Slide 11 – Question 12. What are the biggest challenges to effective community-based mobile crisis services in Vermont (in the home, workplace, school, other) in Vermont? (choose all that apply)

When asked about the challenges to effective community-based mobile crisis services, 50 respondents selected "other." Of these respondents, 44% indicated staffing as the biggest challenge and 16% were uncertain. Other common responses included funding and general lack of mobile crisis services.

Challenges and Solutions for Particular Consumer Groups

Slide 12 – Question 13. Are there particular groups that are not well served by the current mobile crisis system? For each What is the mobile crisis challenge or gap and what are suggested solution(s).

The survey listed 12 distinct consumer populations for whom the survey respondents could write challenges and corresponding solutions for the populations they felt are not well served by the mobile crisis services. The populations included: BIPOC (Black, Indigenous, People of Color), Children and Youth, Transition Age Youth, Homeless individuals, Intellectual and Developmentally Disabled, LGBTQI, Aging/Elderly, Veterans, Tribal Populations, Immigrants, Refugees, and Individuals with substance use disorder. Many themes were common across all populations, and the table below demonstrates the top ten most common themes identified as challenges or gaps.

Table 1: Themes of Challenges to Delivering Effective Mobile Crisis Services to Underserved Populations

Theme	Percent of Total Number of Responses Across All Consumer Populations (n=347)
Lack of services	16%
Services not being accessible	11%
Lack of trained staff	9%
Insufficient facilities (including beds)	7%
Lack of follow up or coordination/continuity of care	7%
Services not being adequately mobile	6%
Lack of staff	5%
Lack of outreach	5%
Lack of cultural competence	4%
Lack of population specific programming	4%

Other gaps included poor access to care in rural areas, difficulty identifying people who need services, issues with involvement of law enforcement, stigma, trust, lack of funding, lack of peer support and lack of population representation among the providers/staff. Some themes were more prevalent for certain populations. For instance, representation, lack of trained staff, and cultural competence were listed more often in the BIPOC, tribal and LGBTQI populations. Respondents also acknowledged unique challenges for specific populations such as individuals and families experiencing homelessness, people not having ways to communicate via phone or internet, and immigrants and refugees where there is a lack of access to interpretation services.

In terms of solutions, the most common themes were training and education (especially for providers and staff), recruiting and retaining providers and staff, and funding. The table below shows the top ten common themes that respondents identified.

Table 2: Solutions to Challenge in Delivering Effective Mobile Crisis to Underserved Populations

Theme	Percent of Total Number of Responses Across All Consumer Populations (n=335)
Training	16%
Recruit and retain staff	14%
Funding	9%
Community engagement	7%
Outreach	7%
Increase facilities/beds	7%
Population specific programming	7%
Peer support	7%
Expand existing programs	5%
Emergency Department alternatives	4%

Important Outcomes and/or Performance Measures to Understand Mobile Crisis Services

Slide 13 – Question 14. Indicate which of these outcome or performance measures are important to understand mobile crisis program services: (choose all that apply)

Respondents were asked to indicate which outcomes or performance measures are important to understand mobile crisis services. In total, 25 respondents selected "other" of which 19 were useful responses. Two respondents suggested that metrics related to crisis teams in the field such as rate of response and arrival times would be helpful. Two other respondents felt that getting information from patients served would be important. Otherwise, responses varied greatly, and general themes could not be identified.

Questions for Mental Health and Substance Use Providers

Identified barriers in connecting individuals to or with mobile crisis services

Slide 20 – Question 6. Identify any barriers in connecting people with mobile crisis services? (select all that apply).

Respondents who selected "Mental Health and/or Substance Use Provider" as their stakeholder identity were asked to identify barriers in connecting people with mobile crisis services. Nine out of 19 respondents selected "other" as an option. Two respondents indicated that having patients go to the ER for screening is a barrier. The other respondents all identified unique barriers including not having enough providers, delays due to simultaneous crisis occurring, families not equipped to follow through with referrals themselves, non-suicidal patients not having enough residency options, and distrust due to previous involuntary treatment.

Questions for Designated Agencies

Barriers for sharing information

Slide 29 – Question 16. Do you have information sharing systems, connecting crisis providers and community providers through a health information exchange? If no, what are the barriers to sharing this information?

Respondents who selected "Designated Agency" as their stakeholder identity were asked if crisis related information is shared across stakeholders for coordination of care and services. For the 6 out of 7 respondents who selected "no" to this question, they were prompted to identify the barriers for sharing this information. No respondents provided an answer to this question.

Identified Program Challenges and Possible Solutions

No Referral Slide – Question 19. For the following programmatic areas, identify specific challenges or issues your program faces

Respondents who selected "Designated Agency" as their stakeholder identity, were asked to identify specific challenges or issues their programs face and possible solutions on the following domains: workforce recruitment and retention, staff salaries, training and supervision, collaboration with system partners, current system structure, and current funding and rate structure.

In general, 10 or fewer respondents completed each challenge and solution. The table below represents the most common themes identified in each area, if applicable. In some instances, where five or fewer responses were received, a theme could not be identified.

Table 3: Program Challenges and Solutions

Domain	Key challenge	Key Solution(s)
Workforce recruitment and retention	Lack of qualified, experienced staff	Increase pay
Staff salaries	Salaries are too low and not competitive	Increase funding and/or rates
Training and supervision	Lacking sufficient staff makes training and onboarding more difficult	Not such a problem when there is sufficient and experienced staff
Collaboration with system partners	Collaboration can be difficult need to expand partnerships	N/A
Current system structure	Need more crisis bed capacity	N/A
Current funding and rate structure	Inadequate and need more funding	N/A

Questions for Consumer/Family/Other

Most Helpful Crisis Services

Slide 60 – Question 5. What crisis services were most helpful? You can choose more than one.

We asked respondents who identified as "Persons with history of receiving crisis services", "Families and people with loved ones who experience the crisis service system" or "Member of the Community" as their stakeholder identity what services were most helpful. Eleven of the 22 respondents selected

"Other." Several respondents did not have anything substantive, and a couple indicated that they had not actually received services before. Of the remaining seven respondents who selected "Other", a few indicated that the services were not helpful. Others indicated specific help from Howard Center, the text line and setting the approach with police were helpful.

Barriers to Accessing Crisis Services

Slide 60 – Question 6. Has there been anything hard about getting crisis services? You can choose more than one

Consumer/family member respondents were also asked what has been hard about getting crisis services. Twelve out of 28 respondents selected "other" on this question. Of those respondents, four indicated that it was not applicable, and four others indicated that they had to work hard to get the services they needed, especially in a timely manner.

Questions for Hospitals/Emergency Departments (EDs)

Strengthening Collaboration between Mobile Crisis Teams and Emergency Departments

No Referral Slide – 11. What can be done to strengthen the collaboration between mobile crisis teams and EDs?

Respondents who selected "Hospital/Emergency Department" as their stakeholder identity were asked a question about how to improve collaboration between crisis teams and EDs. Eleven respondents provided answers to the open-ended question. The most common response is having a system of communication. Another common response was having consistent, qualified mobile crisis team members.

Questions for Law Enforcement

Strengthening Partnerships between Law Enforcement and Mobile Crisis

No Referral Slide - 10. What can be done to strengthen the partnerships between mobile crisis – law enforcement?

For respondents who selected "Law Enforcement" as their stakeholder role, we asked what can be done to strengthen the partnerships between mobile crisis and law enforcement. Only one respondent answered and said that "crisis staff need to be willing to respond in the community and not just say they will."

Questions for School Staff

Identify barriers in connecting people with mobile crisis services

Slide 91 – Question 7. Identify any barriers in connecting people with mobile crisis services.

For respondents who selected "School" as their stakeholder role, we asked them to identify barriers in connecting people with mobile crisis services. Two people responded with an "other" response and listed lack of translation services and specific community concerns about working with a specific provider in their region.