

ITEM 13. OTHER DIAGNOSTIC, SCREENING PREVENTIVE AND REHABILITATIVE SERVICES, I.E., OTHER THAN THOSE PROVIDED ELSEWHERE IN THE PLAN. (Continued)

15. Community-Based Mobile Crisis Services (continued)

<u>Provider Type</u>	<u>Mobile Team Role</u>	<u>Minimum Qualifications</u>	<u>Clinical Supervision</u>
<u>Mental Health and Substance Use Professional</u>	<u>Professional</u>	<u>Bachelor of the Arts in Human Services and deemed appropriate to provide treatment by Community Mental Health Center Medical Director.</u>	<u>Yes, by Licensed Clinical Supervisor</u>
<u>Licensed Clinical Supervisor</u>		<u>Licensed Independent Clinical Social Worker, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist, Licensed Alcohol and Drug Counselor, Doctor of Medicine, Licensed Psychologist</u>	<u>No</u>
<u>Adult Peer Support Worker</u>	<u>Paraprofessional</u>	<u>Department of Mental Health Certification</u>	<u>Yes, by Licensed Clinical Supervisor</u>
<u>Family Peer Support Worker</u>		<u>Department of Mental Health Certification</u>	<u>Yes, by Licensed Clinical Supervisor</u>
<u>Certified Peer Recovery Coach</u>		<u>Recovery Vermont Certification</u>	<u>Yes, by Licensed Clinical Supervisor</u>
<u>Case Manager (Community Support Worker)</u>		<u>Associate of the arts or 4 years of experience in human services and deemed appropriate to provide treatment by Community Mental Health Center Medical Director.</u>	<u>Yes, by Licensed Clinical Supervisor</u>