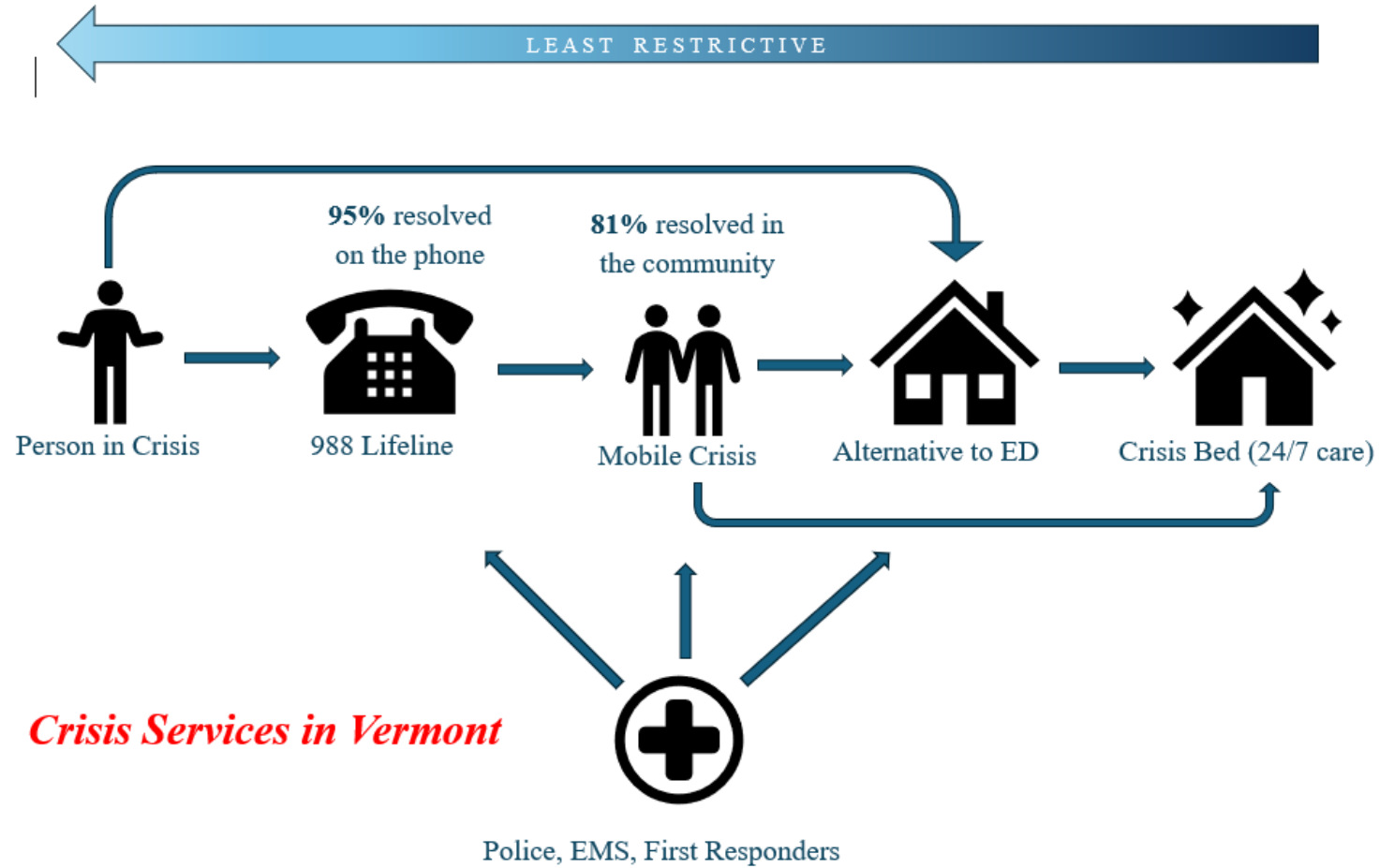


Vermont's Crisis Response

Objectives:

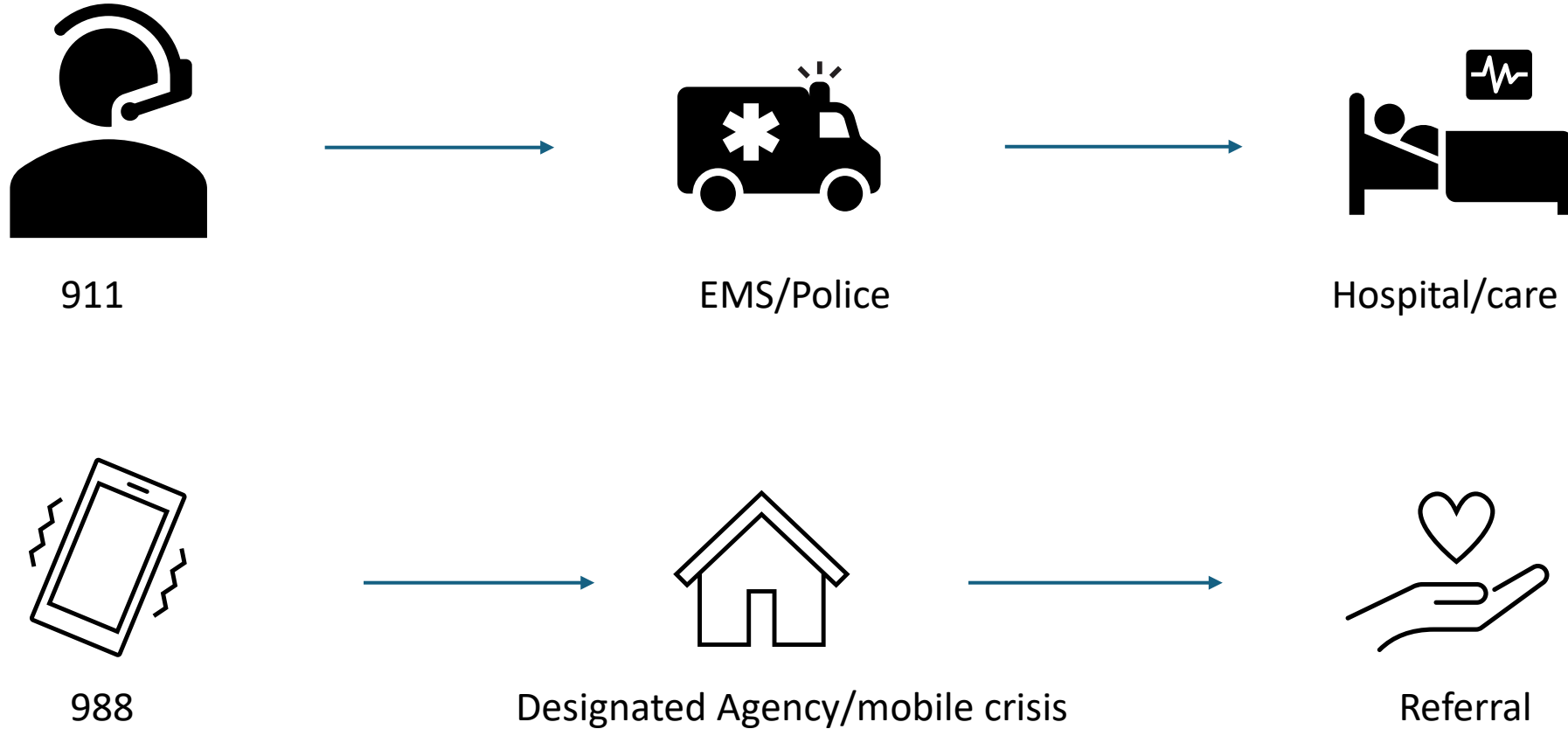
- The role of 988
- Enhanced Mobile Crisis Response
- Alternatives to the Emergency Department





This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.

How we're using 911 guidance to re-think 988 as Vermont's Crisis Line



Way back when, 911 was a new service that people could use in an emergency. The police still had their operational numbers, but there was a concerted effort to switch to 911 as the sole line for emergencies.

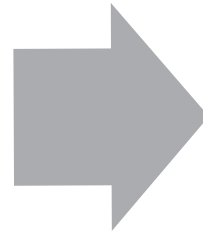
Future of 988

This is our vision for 988: Soon, all Vermonters and Americans will know that they can use 988 as their primary mental health crisis line, no matter where they are. The existing crisis services lines may still be operational, but 988 will serve as the central hub for all mental health-related crisis calls.



Best Practices in Mental Health Response in Vermont

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources.



Crisis services can include (A) crisis lines like 988 accepting calls from individuals in the community experiencing a crisis or what the person defines as a crisis and being able to assess and offer support as necessary, (B) mobile crisis teams dispatched to wherever the need is in the community like homes, schools, and other community areas where a person might be experiencing difficulty and (C) crisis receiving and stabilization facilities, such as those Alternatives to the Emergency Department that Vermont is starting to open statewide. These services are for **anyone, anywhere and anytime.**

988 Suicide and Crisis Lifeline

988 is the National Suicide and Crisis Lifeline that you can call, text, or chat 24/7.

NKHS and NCSS are Vermont's two 988 call centers

When calling/texting/chatting 988, individuals will be connected directly to a crisis counselor. No paging system. No calls back. Immediately connected every single time.

988 can connect callers with a mobile crisis team (MCT). All services are client centered and coordination with the person is key.

The MCT can go out and assess the situation and most times, resolve the crisis without further intervention. In less than 0.5% of cases, law enforcement (LE) or other first responders are involved.



Is 988 just for Crisis?

988 is not just a crisis response. It is a resource for Vermonters to have a safe space to talk about their issues and have an objective ear to help them process some of life's most challenging moments. It can be utilized for problems and issues related to mental health, interpersonal relationships, grief and loss, and a host of other situations where the caller may feel like they have nowhere else to go and seek support.

That said...

- Anyone can call 988 or use MCT as a resource! NOT just people who have been labeled as having a disability or a mental health condition.
- 988 can be used as a resource for you or your loved one who might be struggling with various hard times in the course of a day, week, or lifetime!
- In Vermont, 95% of calls to 988 are resolved with the counselor over the phone...rarely is further intervention needed.
- 988 can be a resource to all Vermonters who may need extra support.



Will my call go to a Vermont center?

- Right now, if you are physically located in Vermont calling from Verizon or T-Mobile, you will be routed to a Vermont center.
- AT&T will start routing in-state in late Fall.
- Otherwise, the call is routed based on area code.
- If NKHS or NCSS are busy and unable to answer the phone, Headrest in New Hampshire will. If they can't, national backup answers the phone.
- In August, Vermont received around 1,400 calls with a 96% in-state answering rate.




Data

- Calls – 3,864
- Chats – 317
- Texts – 518

- In-state answer rate – 94%
- Speed to answer (calls) – 5 seconds



Data cont.

- Number of contacts that included suicide attempts in progress
 - 12 or 0.26%
 - Number of contacts that resulted in mobile crisis outreach referrals
 - 99 or 2.1%
 - Number of contacts where emergency rescue was not needed because imminent risk was reduced during the contact
 - 1,756 or 37.4%
- 



Emergency Rescues

- Number of contacts that resulted in emergency rescue – voluntary
 - 22 or 0.47%
- Number of contacts that resulted in emergency rescue – involuntary
 - 7 or... 0.15%

What if a Counselor Can't Resolve the Crisis?

- If a more robust response is needed or warranted, the MCT may be dispatched to assist in dealing with the situation.
- The MCT is made up of a two-person response, in most cases, a trained mental health clinician and a peer specialist (a person with lived experience in the mental health system).
- The clinician may assess the person for their safety and offer supportive counseling, while the peer support provider may offer support, validation, empathy, and resources for helping to mitigate the crisis situation.



Community-based Mobile Crisis Services



- Core Services:
- **Two-person teams**
 - Mental health/substance use professional and co-responder
- Rapid mobile response to individuals of all ages
- 24-hour intervention
- Screening and clinical assessments, including lethality by a clinician
- Stabilization, de-escalation and safety planning services
- Mental health peer and recovery coach supports
- Coordination and referrals to health, social, other services and supports
- Trauma informed and responsive
- **Follow-up services** (in-person, telehealth or in the office)
 - Three (3) days for adults
 - Up to seven (7) for children and adolescents

What Else Is Available?

- Keeping in line with the “Someone to Talk To, Someone to Respond, and A Place to Go” model that SAMHSA states is Best Practice, there are several new Alternatives to the ED that have been formed around the state of VT.
- These programs are in the community that individuals can utilize to talk to a counselor and a peer specialist about their challenges and stay in a “Living Room” environment where they can feel safe, supported, and find resolution to their crisis.



Alternatives to ED Programs	Address	Hours
Interlude (CSAC) Adults 18+	99 Maple Street, Suite 16 in the Maple Works Complex, Middlebury, VT	Monday – Friday, 10am-6pm
Front Porch (NKHS) All ages	235 Lakemont Road, Newport, VT	24/7/365
Access Hub (WCMHS) Adults 18+	34 Barre Street, Montpelier, VT	Monday – Thursday 7am-7pm; Friday 7am-4pm
Mental Health Urgent Care (HC) Adults 18+	1 South Prospect St, Arnold Building, Burlington, VT	Monday – Friday 9am-5pm
Psychiatric Urgent Care for Kids (UCS) Youth ages 3-18	314 Dewey St, Bennington, VT	Monday – Friday 8am-5pm; Saturday 9am-12pm
Emergent Psychiatric Intervention for Children (LCMHS) All youth ages	72 Harrel St, Morristown, VT	Monday – Friday 9am-4pm

Frequently Asked Questions (FAQ)

Q: When would you call 911 and when would you call 988?

A: 911 can be used if you need immediate medical or police intervention. If there is imminent risk to life or danger to a person, you can utilize 911. If a person is injured and requires medical attention, where EMS could provide help, call 911. 911 does not need to be utilized if you just need to talk to someone or are having an emotional struggle. However, in the case of beyond first-aid injury, needing LE response, or if there is a fire you can call 911 for assistance.

988 can be used when you are in a mental health crisis, and you need someone to talk to and someone to respond telephonically or with a MCT response. Most times, a trained crisis counselor can resolve the call without further intervention. Call 988 when you need to process an emotional crisis or need support in resolving an issue (whether interpersonally or with your feelings).

988

FAQ

Q: If an MCT responds, what can I expect to happen?

A: A trained crisis clinician or mental health professional will be one person of a two-person team who responds. They can do a full assessment of risk, safety, and what the person needs (Alternative to ED, outpatient treatment, etc.). The clinician also gets a picture of what is happening for the person in the moment and what kind of help they need to express their wants, feelings, and needs.

There is also a co-responder who is a peer support worker who is a person who has lived experience within the mental health system. The peer support worker can help the person with emotions, feelings, and with what to expect. They can talk through hard issues from a “been there, done that” perspective and can help the person to understand their options and offer resources. The peer support worker is there as a guide and can really help the person come back to their baseline with skills and tools that they have used in their own life and experience.





Questions/Thoughts ?

Thank you!

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