VERMONT

VERMONT AGENCY OF HUMAN SERVICES
DEPARTMENT OF MENTAL HEALTH AND
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

CERTIFICATE OF APPROVAL APPLICATION COVER PAGE

Applicant:	Health Care & Rehabilitation Services (HCRS)
Project Title:	Statewide Vermont Enhanced Mobile Crisis Program
Principal Contact:	Edmund (Hal) Moore, IV
Address:	390 River Street, Springfield, Vermont 05156 (802) 886-4567 ext. 2115

PROJECT TYPE & AMOUNT

Capital expenditure exceeding $1,500,000 for construction, development, purchase or long-term lease of property or existing structure

Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding $1,000,000

The offering of a health care service having a projected annual operating expense that exceeds $500,000 for either of the next two budgeted fiscal years if the service was not offered by the health care facility within the previous three fiscal years.

A. Proposed Capital Expenditure (Total Table 1) $ Ø

B. Proposed Lease Amount (payment times term) $ Ø I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: Edmund H. Moore IV CFO
(Name & Title)

SIGNATURE: EHM

DATE: 10/6/2023

CERTIFICATE OF APPROVAL APPLICATION: NARRATIVE AND FINANCIAL TABLES

A. NARRATIVE: PROJECT OVERVIEW AND DETAILS

Describe the project with sufficient detail for readers to understand the magnitude, complexity, and major elements of what is being proposed. Specify the capital and operating costs resulting from the project and your agency's rationale for undertaking the project at this time. Please keep this statement reasonably concise and provide the following applicable details:

On November 1, 2022, the Vermont Department of Mental Health issued RFP96, a request for competitive sealed, fixed proposals for Community Mobile Crisis Services (CMCS). The CMCS RFP aims "to achieve a statewide, equitable, mobile crisis response system of care that is community-based rather than relying on emergency departments and meets the needs of individuals of all ages experiencing a mental health and/or substance use related crisis."

On December 30, 2022, on behalf of a unified network of providers, Health Care and Rehabilitation Services (HCRS) submitted a response to the RFP. The response submission is innovative and unique with HCRS serving as the lead agency and subcontracting with nine (9) additional agencies to participate in a statewide initiative to provide enhanced community mobile crisis services throughout Vermont. These agencies include: Clara Martin Center (CMC), Counseling Service of Addison County (CSAC), Howard Center (HC), Lamoille County Mental Health Services (LCMHS), Northeast Kingdom Human Services (NKHS), Northwestern Counseling & Support Services (NCSS), Rutland Mental Health Services (RMHS), United Counseling Service of Bennington County (UCS), and Washington County Mental Health Services (WCMHS).

As the third largest DA in Vermont, HCRS has the expertise, systems, and organizational infrastructure necessary to serve as the lead agency for this statewide initiative and provide direct community mobile crisis services in the southeast region. In addition, HCRS' extensive experience with mobile crisis models and well-established peer support services positioned the agency to serve as the lead partner for this initiative.

RFP requirements and structure included:

- 24/7/365 delivery of in-person mobile crisis services with a response within 60 minutes.
- Paired crisis response of one professional and one paraprofessional responder, with at least one person providing an in-person response.
- Emphasis on the use of peer support specialists for the paraprofessional response.
- Reimbursement/valuation structure with differentiated rates for community- and office-based responses during regular and overnight/weekend hours.

In order to respond in an efficient manner and to incorporate this opportunity for enhanced mobile crisis services into the larger continuum of care, HCRS and the other participating agencies came together through Vermont Care Partners (VCP) to design a proposed service delivery and financial model to develop the written RFP response. Additionally, the 10 agencies developed a Memorandum of Understanding (MOU)

providing a foundation that will be further formalized in mobile crisis service delivery sub-contracts, and a collaborative risk-sharing network-wide agreement. The agencies will be entering into definitive agreements prior to program launch.

HCRS has already issued two monthly newsletters for all the designated agencies to keep everyone informed of the progress being made as part of this enhanced Mobile Crisis program (see both issues in Appendix A).

The proposed unified network-wide approach is unique and innovative for Vermont, building upon the greater continuum of services currently being provided by the agencies and developing efficiencies through creative solutions to enable the provision of an enhanced CMCS benefit available to all Vermonters. The approach includes equitable service delivery, streamlined data collection and reporting, sharing of best practice, and a comprehensive, shared training plan using the Relias training platform and agency-developed curriculum in substance use, mental health, de-escalation, trauma-informed care, harm reduction, community safety, and J-IDEA (justice, inclusion, diversity, equity, and accessibility). The agencies are also committed to exploring the potential of a statewide telehealth pool to support 24/7/365 paired response coverage with an emphasis on supporting the 2:1 model after hours and on weekends and expanded use of 988.

To build capacity for both the direct service and lead agency administration aspects of the program, HCRS will:

- Hire a CMCS licensed clinical Program Director to steward the network by supporting the development of the final program design and governance structure, executing agreements and subcontracts, finalizing shared training opportunities and expectations, and managing the DMH contract and subcontracts. This position has already been filled by Mark Young, a long-term employee of HCRS with extensive experience in working collaboratively with a variety of organizations and partners. With a background in mental health and substance use services, Mark was the ideal candidate for this new role.
- Add 12 full-time peer support advocates to provide 24/7/365 coverage with a two-person team.
- Add four additional mobile responders to cover high traffic times, for a total of 18 responders.
- Work with VCP and the other nine agencies to: vet the use of a statewide telehealth pool to augment regional in-person response and provide 24/7/365 coverage with professional and paraprofessional staff, as needed, with an emphasis on supporting the 2:1 model after hours and on weekends; further develop the role of 988; continue to develop the statewide model design; and further develop other shared initiatives such as training, peer certification, data collection and reporting, and more.

B. NARRATIVE: GENERAL CRITERIA

Address each of the following general criteria with a narrative that answers how and why you believe the proposal meets each criterion. Below each criterion is a list of questions; please address all that are applicable to your project. The term *project* refers to a capital construction

project, other capital expenditure or new service with costs that exceed the thresholds identified in the COA application instructions.

If your Agency's proposal is a response to a request by the Department of Mental Health or by the Department of Disabilities, Aging and Independent Living , you do not need to respond to Criterion II (Need) and some of the questions in Criterion I (Strategic Plan). Rather, please describe how your proposal addresses the programmatic need identified by DMH or DAIL.

Criterion I: Local Governance Support and Relationship of Proposed Project to Agency Strategic Plan

The proposal must have been reviewed and approved by the applicant's Board of Directors and the appropriate Local Standing Committee or Committees.

Please provide documentation of these approvals and discuss how the proposal relates to or results from your agency's Strategic Plan or System of Care Plans?

Appended minutes from the HCRS Board of Directors meeting from December 2022 (attached in Appendix B) where this proposal was first discussed. At each subsequent Board Meeting, the Enhanced Mobile Crisis Program has continued to include a standing update. Although the Board has been in support of this project, there is no formal Board approval as the Board does not oversee operations issues such as new programs.

This program was also discussed at the Local Standing Committee meetings (also attached in Appendix B).

Describe how your proposal addresses the programmatic need identified by DMH.

HCRS will be subcontracting with nine other Vermont designated agencies to support the implementation of the unified statewide enhanced Community Mobile Crisis Services (CMCS) program. Together, HCRS and the subcontracting agencies cover the required ten geographic service areas with enhanced Mobile Crisis services.

Triage/screening. The statewide network has the established capacity to provide the triage/screening necessary for a coordinated, trauma-informed mobile response program. All subcontracting agencies have established local crisis lines and capacity to respond to 988 mobile dispatch needs. Network crisis lines are staffed according to call volume and agencies estimate they have some latent capacity in their crisis lines to accommodate an increase in calls. The ES Staff screener uses the Columbia-Suicide Severity Rating Scale (C-SSRS) to screen for suicidality. The crisis screener also determines the immediate response plan, which includes triaging for immediate need for additional screening/assessment, referrals, supportive counseling, crisis intervention, mobile crisis response, and peer support.

Assessment. When supportive phone triage indicates the need for mobile crisis response, subcontracting agencies will deploy crisis responders to the home or community to gather more information through a full assessment. Assessments include discussion and determination of the following: presenting problem, risks including risk of self-harm or suicide, strengths and protective factors, trauma, and mental health history.

The subcontracting agencies currently provide in-person assessments from a QMHP within 30 minutes as outlined in the provider agreement. However, due to geographic variation and other factors, the agencies exhibit significant variation in how they conduct assessments, including directing crisis calls to the emergency departments or conducting assessments by telehealth.

All agencies are committed to building their respective capacities to ensure statewide 24/7/365 availability of two-person crisis response from professional and para-professional staff either in-person or with a combination of in-person and telehealth. To achieve this capacity as it relates to assessments specifically, agencies will hire staff qualified to conduct assessments 24/7/365 and plans to further explore a telehealth pool for additional coverage and to address staffing shortages. In addition, the agencies agree to shared training requirements, to include diagnostic and assessment of risk, ASAM, SUD, trauma, harm reduction, and safety planning.

HCRS has hired a part-time trainer for this project. Tegan Nicholas has already developed a schedule of staff trainings for all designated agency staff involved in this program. These trainings include:

- Substance Use 101
- Motivational Interviewing
- Mental Health
- De-escalation Skills
- Trauma-Informed Care
- Intentional Peer Support
- Basic CPR
- Trauma-Informed Crisis
- Harm Reduction
- Community Safety & Working with Law Enforcement
- J-IDEA: Justice, Inclusion, Diversity, Equity, & Accessibility
- Suicide Risk Assessment (for Clinical staff)
- Linkages with 988 (training video)
- Crisis Response for Specialty Populations

De-escalation/resolution. Trained Mobile Crisis staff use evidence-based, verbal de-escalation strategies to intervene and resolve crisis situations. Mobile Crisis staff coach individuals through use of immediate coping skills, work collaboratively to identify short- and medium-term strategies to resolve the crisis, and use structured safety planning resources to support individuals in accessing appropriate formal or informal support. Frequent co-response with other mental health and first responders provides on-the-job skill-building and mentoring for new Mobile Crisis staff.

Peer support. Peer support will be a capacity-building focus as the agencies further refine and implement the enhanced CMCS program. HCRS, with a well-established peer support program and a dedicated peer support advocate providing crisis follow up, is committed to sharing resources and information to help other agencies either begin or expand their peer support programs. This will include convening the network to share

best practices for integrating peer support into all levels of the agencies. HCRS will share peer support advocates' job descriptions, roles and responsibilities, onboarding process, policies and procedures, workflow design, and training recommendations, including Intentional Peer Support, the Wildflower Alliance's "When Conversations Turn to Suicide" and "Alternatives to Suicide," and HCRS' own peer support and advocacy training module. Agencies are also participating in the State peer support certification group and anticipating the launch of the statewide certification program as well as enhanced peer roles in CCBHC. Agencies will be strengthening and formalizing their peer support capacity for mobile crisis as they vet the development of the telehealth pool. Agencies may share in peer support capacity via the telehealth pool to supplement in-person response.

Coordination. All agencies have decades of experience and capacity to coordinate with a wide variety of healthcare providers and services. With full continuums of mental health services and QMHP staffing, triaging and referring for mental health treatment is a strength across the subcontracting agencies. Mobile Crisis/Emergency Services staff are well-connected to internal mental health resources and community-based mental health services, trained extensively in mental health assessment, and skilled at making knowledgeable referrals to outside services.

While most of the subcontracting agencies are preferred providers or have key partnerships with preferred providers in their region, all plan to build the network's capacity for better coordination with substance use services. Cross-training crisis intervention specialists for SUD competence and more consistent application of HelpLink will allow agencies to build additional capacity for substance use service coordination.

All agencies have Medical Directors, nursing staff, and active collaborative relationships with medical health care services and many have embedded staff in primary care and emergency departments. All agencies are actively involved in health information exchange, the end goal of which is integrated care delivery. All agencies are currently working with the State and Vermont Information Technology Leaders (VITL) on plans to develop an interface between each agency's EMR and a separate repository within the Vermont Health Information Exchange. The future goal for this interface build is a bi-directional flow of information to support robust coordinated care. Agencies have either purchased or are exploring the Bamboo Patient Ping system, which provides notification of interactions between clients and hospitals.

Crisis planning and follow up. Agencies currently provide significant crisis planning and follow up services to clients seen in Emergency Services programs, either by Emergency Services staff or through referral to agency staff in other programs. New Mobile Crisis/Emergency Services clinical and peer staff will bring enhanced capacity to provide these services. This proposal also includes the addition of seven new case managers for follow up. These crisis planning and follow up services will be offered based on client preference via office-based appointments, re-visits in the community, and/or telehealth.

How is it consistent with your agency's mission?

HCRS' mission is to provide creative, collaborative, and compassionate health care services that are responsive to the needs of our communities. Our enhanced mobile crisis services proposal is in absolute alignment with our mission – ensuring that people in need of mental health and substance use crisis services receive them when they are needed in a way that is most supportive. Although this statewide program extends beyond HCRS' catchment area, the nature of the RFP requires that the enhanced Mobile Crisis services cannot be provided by the respective designated agency in every region.

What, if any, other public input or involvement has your agency invited or participated in related to the project?

HCRS had extensive conversations with all of the nine other designated agencies leading up to our proposal submission. In addition, we sought the guidance of Vermont Care Partners, the advocacy organization for our designated agency and social service agency network.

If the proposal is a response to a Request for Proposal (RFP) by either Department, please describe how it is consistent with the service request.

In DMH's RFP, they solicited qualified vendors to provide 24/7/365 community-based mobile crisis services in all of the state-defined service areas. DMH's seeks to achieve a statewide, equitable, mobile crisis response system of care that is community-based rather than relying on emergency departments. They also want the services to meet the needs of individuals of all ages who are experiencing a mental health and/or substance use related crisis. Specific services include rapid community crisis response, screening and assessment, stabilization and de-escalation services, coordination with and referrals to health, social, other services and supports, and follow-up services as needed. DMH to issue a maximum of five awards to cover all 10 state-defined Service Areas.

As described above, HCRS' proposal, in partnership with the other nine designated agencies, will meet these goals. In fact, our proposal offers the State a single contract for statewide CMCS.

If the proposal involves any new or reorganized services, describe how they will be coordinated with other services or providers in your area?

HCRS' proposal enhances emergency services that are already in place and are already coordinated with other services and providers across the State.

Criterion II: Need for the Proposed Project

The project must be consistent with the State of Vermont Health Resources Management Plan (HRAP) and must demonstrate its plan for addressing identified needs.

What is the need for the proposed project and how will it assist your agency in fulfilling its mission or in continuing to provide and/or improve its services. Please demonstrate that the proposed project is needed to do one or more of the following and, if so, how.

(a) Maintain the availability and accessibility of developmental/mental health services. Why is the status quo not adequate to meet the need; and/or,
(b) Meet specific unmet needs of the population. Provide a forecast of the unmet needs and describe the methodology for deriving this forecast; and/or,

(c) Improve the mental health or developmental service needs of the population to be served. Describe the plan for accomplishing this and what the expected outcomes will be; and/or,
(d) Increase the efficiency of administrative functions.

Since this proposal is in response to an RFP issued by the Vermont Department of Mental Health, we have skipped this section per instructions above.

Criterion III: Organizational Structure, Affiliations and Operations

An applicant for a Certificate of Approval must be a Vermont Mental Health and/or Developmental Services Designated or Specialized Service Agency.

What is the organizational entity applying for this Certificate of Approval and, if not a single designated agency, please provide details about the organization's governance, organizational structure and plans for consumer involvement in governing the entity.

The applicant for this Certificate of Approval is Health Care & Rehabilitation Services (HCRS), the state-designated community mental health agency in southeastern Vermont.

Please describe any key organizational arrangements necessary to implement this proposal such as contracts, affiliations, or partnerships and the financial or other contributions that any affiliated organization or related party will be making to the project.

As described above, HCRS will be subcontracting with the nine other designated agencies across Vermont to provide the enhanced Community Mobile Crisis Services. These agencies include: Clara Martin Center (CMC), Counseling Service of Addison County (CSAC), Howard Center (HC), Lamoille County Mental Health Services (LCMHS), Northeast Kingdom Human Services (NKHS), Northwestern Counseling & Support Services (NCSS), Rutland Mental Health Services (RMHS), United Counseling Service of Bennington County (UCS), and Washington County Mental Health Services (WCMHS). All ten agencies have signed a Memorandum of Understanding and will sign detailed contracts as soon as a contract between HCRS and the State of Vermont is finalized.

What will be the impact of this project on your agency's operations such as staffing, management and programs?

HCRS and the nine subcontracting agencies currently staff 24/7/365 Emergency Services teams. Staffing models vary somewhat to meet the current demands of each community and scheduling structures vary across the network.

To build its capacity as the Lead Agency, HCRS will hire a CMCS licensed clinical Program Director to steward the network by supporting development of the final program design, executing agreements and subcontracts, finalizing shared training opportunities and expectations, vetting a telehealth pool, and managing the DMH contract and subcontracts.

Each agency will ensure their staffing model includes at least one mental health professional and one non-clinical/paraprofessional 24/7 for mobile response, inclusive of telehealth. Agencies will enhance their current peer staff capacity and/or consider sub-contracting with peer-based organizations. When needed, agencies will call on staff for backup and vacancies using after-hours stipends. Each agency will also provide up to .1 FTE Medical Director, all of whom will

work together with the HCRS Medical Director to ensure quality of care. The HCRS Medical Director will work with the Medical Directors to provide statewide clinical and medical oversight and quality of care.

All subcontracting agencies already provide community crisis response throughout the State, including critical incident debriefing, disaster response, and community support. When additional staffing is needed to meet the needs of the community during crises, Emergency Services can draw on their larger pool of staff. For example, school-based clinicians have partnered with Emergency Services staff for postvention support after a tragic death in the community. The unified response to the CMCS program and the potential for pooling of staff enables agencies to more formally support one another and the Vermonters they serve in times of unexpected community need.

Criterion IV: Financial Feasibility and Impact Analysis

Applicant must demonstrate the proposed project's financial feasibility and project sufficient resources to sustain operations and/or debt service demands over time.

In addition to submitting the attached financial tables, please provide any narrative information that you believe would help illustrate the financial impact and feasibility of this project. If the tables reflect anything significant that requires an explanation or clarity, please address this in the narrative.

Were any alternatives to this proposal considered and, if so, why were they rejected? Explain why you believe there are no other less costly or more effective alternatives to be considered.

Please address any of the following that are applicable to your proposed project:

- For projects that require high levels of debt financing relative to the cash flow of the institution, please submit the previous year's balance sheet and a projected balance sheet reflecting the increased debt level. N/A
- For projects whose financial feasibility is endangered by low utilization, submit a financial forecast in which utilization levels are only sufficient for the service to break even financially. N/A

See financial information attached in Appendix C.

C: FINANCIAL TABLES

Please complete the following financial tables which are attached, or available, in an Excel format.

TABLE	DESCRIPTION
1	Project Costs
2	Debt Financing Arrangement: Sources & Uses of funds
3A	Income Statement: Without Project
3B	Income Statement: Project Only

3C	Income Statement: With Project
4A	Balance Sheet-Unrestricted Funds: Without Project
4B	Balance Sheet-Unrestricted Funds: Project Only
4C	Balance Sheet-Unrestricted Funds: With Project
5A	Statement of Cash Flows: Without Project
5B	Statement of Cash Flows: Project Only
5C	Statement of Cash Flows: With Project

MC DISPATCH

August 2023 • No. 01

Meet Mark Young

HCRS Mobile Crisis Director

Mark has been a key, dedicated staff member of HCRS for more than 16 years. Most recently the Coordinator of our Criminal Justice Program, Mark has extensive talent and experience in working collaboratively with a variety of organizations and partners. With a background in mental health and substance use services, Mark was the ideal candidate for his new role.

Having moved into his new position just last month, Mark has already connected with many DAs and is implementing systems for managing and tracking this statewide project. Please feel free to reach out to Mark with any questions.

Email: myoung@hcrs.org
Cell: (802) 591-0687

Welcome to the first issue of MC DISPATCH, a monthly newsletter designed to keep you informed regarding Vermont's new Mobile Crisis program. If there's other information you'd like us to include, or questions we should address, please let us know. We hope you find this communication informative and helpful.

NEW!

Introducing VT's Mobile Crisis Program

HCRS is humbled and excited to have been selected as the lead agency for this statewide effort to enhance services for mental health crises. And we are looking forward to working with all of you to enhance mental health crisis response across Vermont.

The goal of Mobile Crisis Services is to be available 24/7/365 to anyone experiencing a mental health, substance use, or co-occurring emergency, as defined by the person or family experiencing the emergency. Services will be delivered by a multidisciplinary two-person team in the community where the individual is experiencing the crisis. And services are intended for individuals of all ages. Vermont's Mobile Crisis Services are expected to involve triage, screening, assessment, referral, care coordination, and follow up services.

Working together, we can have a significant impact on the support received by Vermonters in a mental health crisis.

INFO

DA Meetings

HCRS staff Anne Bilodeau (COO), Kate Lamphere (Chief Clinical Services Officer), and Mark Young (Mobile Crisis Director) recently met with all the CEOs, CFOs, and ES Directors of all the designated agencies to present on the Mobile Crisis program and the work being done so far (see attached PPT). This was a great opportunty to ensure everyone's on the same page and to answer questions.

We are in the process of scheduling individual meetings (either in person or via zoom) with each designated agency. We look forward to meeting with each agency to learn more about your crisis program, your unique needs and services, and to discuss expansion to the new mobile crisis response.

In the meantime, if you have questions or concerns, please don't hesitate to reach out to Mark at the contact info provided (*see left*).

Tegan Nicholas
HCRS Mobile Crisis Trainer

HCRS has recently hired a part-time trainer - Tegan Nicholas - to provide trainings for all mobile crisis staff across Vermont. This will include both existing and new clinical, paraprofessional, and peer support staff.

In preparation for the soft-launch of Mobile Crisis on October 1st, HCRS has been working hard to secure contracts with training vendors who will be providing an excellent array of trainings for new and existing Crisis and Paraprofessional staff. Most of the trainings will be provided virtually through recorded webinars made available on virtual web-based platforms managed by outside vendors, as well as in Relias.

We have started to discuss with the ES Directors the prioritization of trainings to ensure all direct service staff, who will start providing Mobile Crisis services during the ramp-up period of October 1st through January 1st, have the appropriate training needed to serve members of their communities in a safe, professional, and compassionate manner.

MOBILE CRISIS
of Vermont

Mobile Crisis Logo

We developed a new logo for the Mobile Crisis program. We wanted a symbol that reflects trust, reliability, a local program, people helping one another, and the in-person nature of mobile crisis response.

The logo (*on left*) represents all that and more:

- 2-person mobile crisis response
- Stylized M and C for Mobile Crisis
- Sense of movement
- Color green for Vermont
- Color blue for trust, reliability

Mobile Crisis Upcoming Staff Trainings

- Substance Use 101
- Motivational Interviewing
- Mental Health
- De-escalation Skills
- Trauma Informed Care
- Intentional Peer Support
- Basic CPR
- Trauma-informed Crisis
- Harm Reduction
- Community Safety & Working with Law Enforcement
- J-IDEA: Justice, Inclusion, Diversity, Equity & Accessibility
- Suicide Risk Assessment (*for clinical staff*)
- Linkages with 988
- Crisis Response for Specialty Populations

Interested in reading more about the Mobile Crisis program model?

SAMHSA has published a couple of guides that you may find helpful:

- National Guidelines for Behavioral Health Crisis Care
- Ready to Respond: Mental Health Beyond Crisis and COVID-19

DISPATCH

September 2023 • No. 02

Trainings & Attestation

HCRS is working with Relias to create a sub-platform that will be specific to Mobile Crisis. On this new platform, Mobile Crisis staff will be able to directly access select training materials and the links that will take them to vendor platforms where they will be trained. Many of the trainings will be delivered through Relias via pre-recorded webinars and written material. Select trainings, such as De-escalation, IPS, and Team Two, will be provided in-person.
The Mobile Crisis Relias platform will also serve as the training attestation repository for completed trainings. We believe Relias is the most reliable way to deliver training materials statewide, and it is an effective way to alleviate unnecessary administrative burdens from Managers that often accompany sending files back and forth.

Mobile Crisis Training Manager, Tegan Nicholas, is preparing a brief orientation document for all staff who will be using the Mobile Crisis Relias platform. This information will provide direction on navigating Relias, training evaluations, and ensuring documentation of training attestation.

Trainings will be available on the new Mobile Crisis Relias platform by mid-October.

Quality Performance Measures

The Quality Performance Measures for the Enhanced Community Mobile Crisis Services initiative sets targets related to response time, shifting to community-based contacts, follow-up and disposition around diversionary service, and screening for inpatient.

These measures will help all of us track our successes and challenges with implementation and enhancement of Mobile Crisis services. Once launched, these measures will be of central focus in our work together as a group, and in our work with each individual DA.

More to come!

Quality Measure	Target
Average Response Time *(from time of readiness)*	60 minutes
Response Time Percentage *(within 60 minutes)*	85%
Location of Intervention *(% community based vs. Mobile Crisis office)*	Adult: 80% / 20% Youth: 85% / 15%
Follow-up Services *(% of individuals who receive follow-up services who are not admitted to 24-hour care)*	75%
Disposition *(% of individuals who receive diversionary service vs those who receive inpatient care or are referred for inpatient screening)*	Adult: 70% / 30% Youth: 80% / 20%

J-IDEA Training (Justice, Inclusion, Diversity, Equity, and Accessibility)

Jude Smith Rachele, Co-Founder of Abundant Sun, has been working with her production team to create a 4-part series titled, "Bastions of Hope," which examines the topic of J-IDEA through the lens of Mobile Crisis work.

Jude has extensive experience in this field (following 25 years experience as a diversity and inclusion trainer, she authored the book: "Dismantling Diversity Management: Introducing an Ethical Performance Improvement Campaign." She works internationally with small to medium size organizations on culture. She holds a BA in Psychology and a PhD in Business. Jude is the author of many articles, and was a regular commentator on Vermont Public Radio delivering a number of powerful and insightful commentaries on contemporary issues) and has worked with other DAs here in Vermont to help strengthen their agency's culture and assist staff in their professional development.

We have provided a sample outline of the first training module that Abundant Sun has produced for Mobile Crisis (on the right). We are impressed and think you will be too!

We expect this webinar to be available by mid-October.

Module 1: Identifying the Challenges

- Review and Critique of the Hippocratic Oath
- Distinguish between emotional distress and mental illness
- The Stigma of Mental Illness
- Defining and Exploring Structural, Systemic and Institutional Levels of Discrimination and Social Oppression
- A Critical Analysis of Mental Health Data
- A Review of Legally Protected Classes & Their History within Mental Health Responses and Practices
- Post-Traumatic Stress Disorder: An Occupational Hazard
- Incidence of Burnout Amongst Mental Health Professionals
- Incidence of PTSD within uniformed service personnel
- Supporting Our Guardians

Mark Young
HCRS Mobile Crisis Director

Email: myoung@hcrs.org
Cell: (802) 591-0687

Adjusted Soft Launch Date

While Mobile Crisis work has been pushing steadily forward through the summer, the sheer magnitude of the Mobile Crisis initiative, in combination with work processes specific to contracts, revenue models, and policies and procedures, has been a lengthier process than expected. Our shared desire for Mobile Crisis to have a successful soft launch has pushed the soft launch date to November, which will better support preparations for training, hiring, and readiness to practice enhanced mobile crisis outreach.

Anne, Kate, and Mark will be able to answer any questions in next week's ES Directors meeting.

HCRS

Health Care and Rehabilitation Services
of Southeastern Vermont, Inc.
Executive Committee Meeting
Zoom Meeting
December 1, 2022
MINUTES

Members Present: Adam Pippin, Jeff Acker, Phil Blackburn, and Hilde Ojibway
Staff Present: George Karabakakis, Hal Moore, and Anne Bilodeau

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At approximately 4:00 pm, Adam Pippin, Board President, noted that a quorum was present and the meeting, having been duly convened, was ready to proceed with business.

Executive Comm. Minutes: The revised minutes from the September 8, 2022 Executive Committee Meeting were reviewed. Hilde Ojibway made a motion to approve the September 8, 2022 Revised Executive Comm. Minutes as presented. Phil Blackburn seconded the motion and it passed unanimously. The notes from the October 13, 2022 meeting with Hilde Ojibway were provided to the committee for their reference.

Mobile Crisis RFP: George provided an overview of the Mobile Crisis RFP. The state has put together a request for proposal for a statewide 24/7/365 two-person multidisciplinary mobile crisis response teams. There are up to five awards available. George noted that there may be out-of-state vendors interested in submitting a response to the RFP. VCP decided that it would be best to have one lead applicant on behalf of the designated agencies (10 DAs). This has been discussed with legal counsel and we would like to be the lead applicant for our network which VCP was very supportive of. George discussed the particulars of the process and what it would mean for HCRS. This would be a two-year grant only. We would be adding more staff and will need a program director. Agencies will submit their data for billing to HCRS and then we would submit to the state. MOUs will be drafted for each agency involved. There is a six to nine month start up period for hiring, training, and agreement negotiations. We will work to build consistency across the state for service delivery. The submission deadline is December 30th. We have contracted a grant writer for the response. We already have a workgroup in place working with the other DAs to help build the service delivery model. George responded to questions from the Committee. This will be discussed with the full Board. Award(s) will be announced by March 2023.

HCRS

Health Care and Rehabilitation Services
of Southeastern Vermont, Inc.
Board of Directors Meeting
Zoom Meeting
Thursday, December 8, 2022
REVISED MINUTES

Directors Present: Adam Pippin, Jeff Acker, Phil Blackburn, Hilde Ojibway, Hetty Thomae, Sal Zampano, III, Duncan Holley, Kat McGraw, and Chris Hart

HCRS Staff and Guests: George Karabakakis, Anne Bilodeau, Hal Moore, Kate Lamphere, Rosie Nevins-Alderfer, and Eryn Lockerby

At approximately 5:05 pm, Adam Pippin, Board President, noted that a quorum was present and the meeting, having been duly convened, was ready to proceed with business.

MINUTES: The October 13, 2022 Board Minutes were reviewed. Phil Blackburn made a motion to approve the October 13, 2022, HCRS Board of Directors' Meeting minutes. Hilde Ojibway seconded the motion, and the motion passed unanimously.

CEO Update:

- ***The Annual Meeting:*** The Annual Meeting was a very successful event. This was our first in-person event since the start of the pandemic. The Annual Report has been released and copies were given out at the event. Alice Bradeen did a fabulous job putting the report together.
- ***Legislative Zooms:*** We had one Legislative Zoom which was scheduled on December 1st with Windsor County and the next one is scheduled for the 13th with Windham County.
- ***Mobile Crisis Services RFP:*** The state (DMH) has put out an RFP for mobile crisis services. There will be up to five awards available. There are out of state vendors that are interested to submit a proposal and possibly other for profit agencies. Exec. Directors of VCP have been meeting discussing the RFP and if we are to be successful, we need to go in as one unified system with one lead applicant. We are confident that if the DAs go in as one applicant and it is accepted, there would not be another award granted to another group - it would just be the one award covering the entire state. There have been many discussions with our leadership team and our legal counsel, and HCRS has decided to go forward as the lead applicant. We will have operating agreements with all the other designated agencies to do this work. The DAs are very supportive and this is a great opportunity for our agencies to work together in a consistent service delivery model. George discussed the positions that would need to be hired should our proposal be accepted. Kate noted that this would be a 24/7 – 365 days a year mobile crisis response program. The DAs will staff a crisis team that will have the capability of a two-person response (this can include one person working virtually - telemedicine). Kate described the program and the required services. Hal did a brief review the funding should we receive this award. As the lead agency, we would do all the billing and the grant negotiating. The first year the state wants the program to meet 60% of the projected caseload and year two it will go up to 80%. George and Hal responded to questions from the Board members.

APPENDIX B

Adult Standing Committee
Appended Minutes

January 9th, 2023 – 12:00pm

Committee member connected by phone or Zoom: James H., Duncan H., Michael T., Kelly M, and Zane H.
Staff: Malaika Puffer, and Brad Sewell. Lisa Northup, Minute scriber.
Adult Outpatient Director, Kate Lamphere.

The meeting minutes from 11/7/22, were approved at today's meeting.

1. **Mobile Crisis Response:** The State of Vermont has put out a request for proposal. They want companies to bid on a service to provide a mobile crisis response team out in the community (at people's homes), and they are looking for a crisis and peer support staff member to go out to mental health emergencies, 24/7. HCRS has applied to this proposal across the state with every other DA providing these services within their own county. HCRS is the only ones who applied within our county. Kate will let this committee know if we are awarded this proposal. This would expand our crisis team and allow us the capacity and the funding to provide this service in the community.

APPENDIX B

Adult Standing Committee
Appended Minutes

February 6th, 2023 – 12:00pm

Committee member connected by phone or Zoom: Duncan H., Michael T., and Kelly M.
Staff: Brad Sewell. Lisa Northup, Minute scriber.
Adult Outpatient Director, Kate Lamphere.
Guest-Fundraising and Communications Director, Alice Bradeen

The meeting minutes from 1/9/23, were not reviewed at today's meeting.

- **Mobile Crisis Response:** The State of Vermont has put out a request for proposals to provide a mobile crisis response to the entire state. HCRS is the only agency that has replied to the states proposal and we are still waiting to hear back from them. Kate will keep us posted if we get this contract.

APPENDIX B

Adult Standing Committee
Appended Minutes

August 7, 2023 – 12:00pm

Committee Members connected by phone or Zoom: Duncan H., Zane H.
Staff: Brad Sewell, Malaika Puff, and Lisa Northup, minute scriber.
Adult Outpatient Director, Kate Lamphere was not available for today's meeting.
Assistant Director, Lisa Lambert facilitated today's meeting.

The meeting minutes from 5/1/23 were reviewed and approved as written.

Director's Update: Lisa Lambert discussed the following with the committee members**.**

1. **Mobile Crisis Update:** HCRS continues to work closely with DMH and the other designated agencies to implement Enhanced Mobil Crisis response. HCRS will be running this program for the entire state, and it is a large project to get up and running. We expect to be able to respond with this enhanced model between Oct of 2023 and January 2024. The crisis will be defined by the individual who is requesting help. This will be a 2-person crisis response to the community, which may consist of a case manager or peer support person, and clinical staff. They are still working out the logistics of this program so there will be more information to share as it moves forward.

APPENDIX B

Adult Standing Committee
Appended Minutes

October 2nd, 2023 – 12:00pm

Committee Members connected by phone or Zoom: Duncan H., Zane H.
Staff: Lisa Northup, minute scriber.
Adult Outpatient Director, Kate Lamphere

The meeting minutes from 8/7/23 were approved as written.

1. **Mobile Crisis Update:** HCRS is still in the process of contracting with the state and the other designated agencies to implement Enhanced Mobil Crisis response. We have developed a policy and procedure and are working with 988 for dispatching so when folks call 988, they will automatically be connected to mobile crisis. The integration of peer support has been delayed as they want to do this in a thoughtful way so that it is safe and supportive. Staff will be participating in training in de-escalation, Justice equity diversity and inclusion, substance use and harm reduction. They will also now be responding to substance use emergencies. The crisis will be defined by the individual who is requesting help. The plan is to start mobile crisis on Nov 1st and Kate believes the statewide launch will be January 1st. Duncan mentioned that it is good to hear that we are expanding our crisis services.

APPENDIX B

HCRS Children's Standing Committee
Appended Meeting Minutes
6/21/23
12:00-1:00pm

HCRS: Kate Lamphere, Interim Co-Director for CYF
Staff: Sueann Brown ***Minute Scriber*****:** Lisa Northup
Family Members in attendance: Linda D., Amanda B., Leah G., and Karleen
Board Member: No attendance

- ***Welcome/Introductions:*** Kate Lamphere welcomed the committee members and wished everyone a happy 1st day of summer!

- ***Director's Update*****:** Kate gave the Director's update today.
  - **Statewide Mobile Crisis:** The State has awarded HCRS a grant to oversee mobile crisis service across the state. This will be an enhancement of our crisis team, creating a two-person response in the community. This two-person response will be a crisis intervention specialist as well as a peer support person. The crisis will be defined by the individual, family, or adult. We have hired a project director who will be helping to lead this implementation.
    Later this summer we will be asking for feedback from this committee, on how to best implement mobile crisis response for the CYF program.

APPENDIX B

HCRS JOINT STANDING COMMITTEE MEETING
APPENDED MINUTES
Springfield, Vermont
June 6th, 2023

Present: HCRS Staff: George Karabakakis, Jessica Stehle, Kate Lamphere, Sueann Brown, Karen Chandler, Wendy Summarsell, Jenn Merrill and Lisa Northup, minute scriber.
Adult Standing Committee Representation: Zane H., Duncan H., Ron B., Michael T., and Kelly M.
DS Standing Committee Representation: Sal Z., and James P.
Children's Standing Committee Representation: Linda D., Amanda B., and Marlene W.
Board Representation: Sal Z. Duncan H. and Hetty Thomae

- **Welcome:** George Karabakakis, welcomed everyone to today's meeting.
- **Meeting Minutes:** The meeting minutes from 3/7/2023 were reviewed and approved at today's meeting.

George Karabakakis shared the Agency Update:

- DMH has awarded HCRS a grant to oversee mobile crisis service across the state and we are in the middle of negotiating this contract. We will be working with the other 9 designated agencies across the state, to oversee and manage the mobile crisis services. This will be an enhancement of our crisis team, creating a two-person response in the community. This two-person response will be a crisis intervention specialist as well as a peer support person. George, Kate, Anne, Hal have all been involved in getting the program together as it is a significant project for HCRS.
    - Marlene congratulated HCRS for their collaboration and efforts with this new project.