

Crisis and Marcus Alert Overview

VLGMA

June 18, 2021

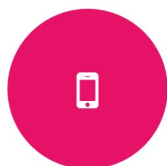
Alison Land, FACHE
Commissioner

Virginia Department of Behavioral Health and Developmental Services

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Comprehensive Crisis Services

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.



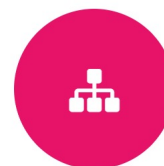
24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



CRISIS STABILIZATION PROGRAMS

These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

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Marcus Alert System Definition

- Mental health awareness response and community understanding services alert system
- Marcus alert is a series of protocols aimed to divert to the behavioral health system or respond with a specialized law enforcement response, including:
 1. Protocols to divert from 911 to crisis call center
 2. MOUs for law enforcement backup to a crisis response
 3. Minimum standards/best practices for law enforcement response



Marcus Alert ceremonial bill signing, Dec. 15, 2020

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Stakeholder Group

- DBHDS, with DCJS and stakeholders, shall develop a plan developing a Marcus alert system by July 1, 2021
- Marcus Alert Stakeholder Group and listening sessions
- Plan focuses on the state framework (i.e., not each local implementation), with 10 components:

5 components ("catalog")	5 components ("protocols and process")
Past and current crisis intervention teams	Protocol/framework for 9-1-1 diversion to behavioral health system
Current mobile crisis teams and crisis stabilization units	Protocol/framework for relation between mobile crisis hubs (regional) and local law enforcement
Other cooperative arrangements between mental health and law enforcement	Minimum standards/best practices for law enforcement engagement in system
Prevalence of crisis situations and any Virginia data	Assignment of duties, responsibilities, and authorities across state and local entities
Catalog state and local funding of crisis and emergency services	Process for review and approval and evaluation of localities' plans

links also available at:
<https://www.dbhds.virginia.gov/marcusalert>

HOW TO JOIN SESSION 3:
MARCH 6, 2021
2:00 PM EST

No registration required. Click this link or paste in browser to access the webinar.
 Password: Virginia!

<https://dbhds.zoomgov.com/j/1619504729?pwd=RETKc3RZSlJlUUVGVWk5IQ0RjTDNGZz09>

*live Spanish interpretation for first two hours of session
 ^ ASL interpretation for first two hours of session

For more info: www.dbhds.virginia.gov/marcusalert

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Timeline

July 1, 2021: DBHDS with DCJS to develop a written plan

July 1, 2021-Jan 1, 2022: public service campaign

Dec. 1, 2021: DBHDS to establish 5 Marcus Alert programs

July 1, 2022: Protocols established in every locality

July 1, 2023: DBHDS to establish 5 more programs

July 1, 2026: All CSBs to have established Marcus Alert system

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First Five Marcus Alert Programs

Reg 1: Orange, Madison, Culpeper, Fauquier and Rappahannock Counties (RappRap CSB)

Reg 2: Prince William County (Prince William County Community Services)

Reg 3: City of Bristol and Washington County incl. Abingdon, Damascus, and Glade Spring (Highlands CSB)

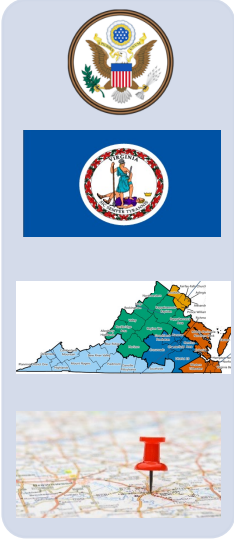
Reg 4: City of Richmond, and Richmond Police Dpt (RBHA)

Reg 5: City of Virginia Beach, VB Police Dept. (Virginia Beach CSB)

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Coordination at Every Level



Federal: 988 Integration required by July 2022

State: coordinated technological infrastructure to ensure that an “Air Traffic Control” function and “safety net to the safety net” is possible whether call center is state or regional

Regional: STEP-VA funded with sustainability (Medicaid) mobile crisis teams with specialized teams for youth, developmental disability and other special populations. Regional hubs hold contracts with all mobile crisis teams within the region and serve as the single point of coordination with dispatch

Local: Marcus alert protocols and coordination with law enforcement, law enforcement reforms, magistrates, emergency services, and other first responders

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Thank You!

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VB *City of Virginia Beach*
Human Services

VIRGINIA BEACH MARCUS ALERT

June 18, 2021

VBDHS & VBPD-CIT

STACEY O'TOOLE, LCSW-VBDHS BEHAVIORAL HEALTH DIRECTOR
LT. JAMES GORDON-VIRGINIA BEACH POLICE DEPARTMENT
CHERYL ST. JOHN, L.P.C.-VBDHS EMERGENCY SERVICES SUPERVISOR

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PURPOSE

- Provide an overview of Virginia Beach Marcus Alert response.
- Describe how Marcus Alert will integrate with existing behavioral health crisis services in Virginia Beach.

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COMMONWEALTH OF VIRGINIA MARCUS ALERT PROPOSED 4 LEVELS OF RESPONSE

<p>BEHAVIORAL HEALTH RESPONSE</p> <ul style="list-style-type: none"> • 988 Behavioral Health Call Centers • Warm Lines • Referrals given, if appropriate 	<p>BEHAVIORAL HEALTH RESPONSE</p> <ul style="list-style-type: none"> • Mobile crisis team or community care team • 988 behavioral health call center intervention • Law enforcement notification and response if needed 	<p>CO-RESPONSE</p> <ul style="list-style-type: none"> • Mobile crisis plus law enforcement, or community care team • Law enforcement ensures a safe scene with co-response • Behavioral health takes the lead after scene is known and secure 	<p>LAW ENFORCEMENT RESPONSE</p> <ul style="list-style-type: none"> • Other responders dispatched but maintain safe distance until scene is secure • BH response with lead determined on scene after de-escalation by law enforcement
LEVEL 1: ROUTINE	LEVEL 2: URGENT	LEVEL 3: URGENT	LEVEL 4: EMERGENT
			

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CITY OF VIRGINIA BEACH EXISTING BEHAVIORAL HEALTH CRISIS SERVICES

<p>BEHAVIORAL HEALTH RESPONSE</p> <ul style="list-style-type: none"> • Warm Line • Emergency Services Clinicians • BHDS Clinicians for individuals already enrolled in services • Regional Crisis Hubs & REACH 	<p>BEHAVIORAL HEALTH RESPONSE</p> <ul style="list-style-type: none"> • Youth Mobile Crisis Intervention • Adult Mobile Crisis Intervention • Community-Based Crisis Stabilization 	<p>CO-RESPONSE BH LEAD</p> <ul style="list-style-type: none"> • Crisis Intervention Team Assessment Center (CITAC) • Mobile Co-Responder Team • Mobile Crisis Stabilization Team • Pathways Center 	<p>CO-RESPONSE PD LEAD</p> <p>Once PD has secured the scene:</p> <ul style="list-style-type: none"> • CITAC • Mobile Co-Responder Team • Mobile Crisis Stabilization Team • Pathways Center
Level 1 - Routine	Level 2 - Urgent	Level 3 - Urgent	Level 4 - Emergent
			

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CURRENT SERVICES

Service	Hours
Existing Behavioral Health Only Crisis Services	
Mobile Crisis Intervention (Youth & Adults)	Monday – Friday 8:30 am – 5:00 pm
Adult Residential Crisis Stabilization (Pathways Center)	24/7
Community-Based Crisis Stabilization	7 days a week 8:00 am – 8:00 pm
Existing Behavioral Health and Law Enforcement Crisis Services	
Crisis Intervention Team Assessment Center (CITAC)	24/7
Mobile Co-Responder Team (MCRT)	Monday – Friday Noon – 10:00 pm
Mobile Crisis Stabilization Team (MCST)	Tuesday - Thursday 8:30 am – 12:30 pm

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CRISIS INTERVENTION TEAM - CIT

• Leading CIT Program

- 2020 VA CIT Program of the Year
- 2020 VA CIT Coordinator of the Year – Sarah Corrado
- Mentor other CIT Programs in Hampton Roads
- Guest presenters at International CIT Conferences

• By the Numbers

- **725** VBPD Officers trained in some form of CIT
- **450** Officers trained in CIT 40
 - SWAT, Hostage Negotiators, SRO's, Warrants and OCOP Units
- **Hosted 5**, statewide, 8-Hour CIT Advanced Trainings

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CO-RESPONDER TEAM OUTCOMES



More than 1,400 calls since November 2018



81% avoided incarceration and hospitalization



Only 2.5% were arrested or involuntarily hospitalized

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VIRGINIA BEACH MARCUS ALERT STAKEHOLDER GROUP

- Diverse group of stakeholders from Virginia Beach including peer representation and family members.
- Reviewed information about our existing system and discussed community needs.
- Identified several key issues to focus on:
 - Concerns for behavioral health staff safety when responding to unfamiliar crisis situations without law enforcement.
 - Challenges of providing 24/7 coverage without a significant increase in behavioral health resources.
 - The need for community education and increased awareness to help reduce stigma and develop trust.

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VIRGINIA BEACH MARCUS ALERT PROPOSAL

- Expand MCRT to 7 days a week, 365 days per year
- Expand daily hours of operation to cover peak crisis response periods
- Addition of Peer Recovery Specialist to provide engagement and trust-building
- Addition of Crisis Stabilization clinician to provide follow up support
- Use of Law Enforcement only on calls where safety is a concern
- Promotion of Smart 911

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QUESTIONS?



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Human Services

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