Marcus Alert: Initial Implementation Planning and Preparation

Local Government Informational Call

December 21, 2020

Purpose of the Call

- Brief overview of legislation
- Readiness assessment for localities
- Initial area vs. non initial area responsibilities in year 1
- Q&A

What is the Marcus Alert?

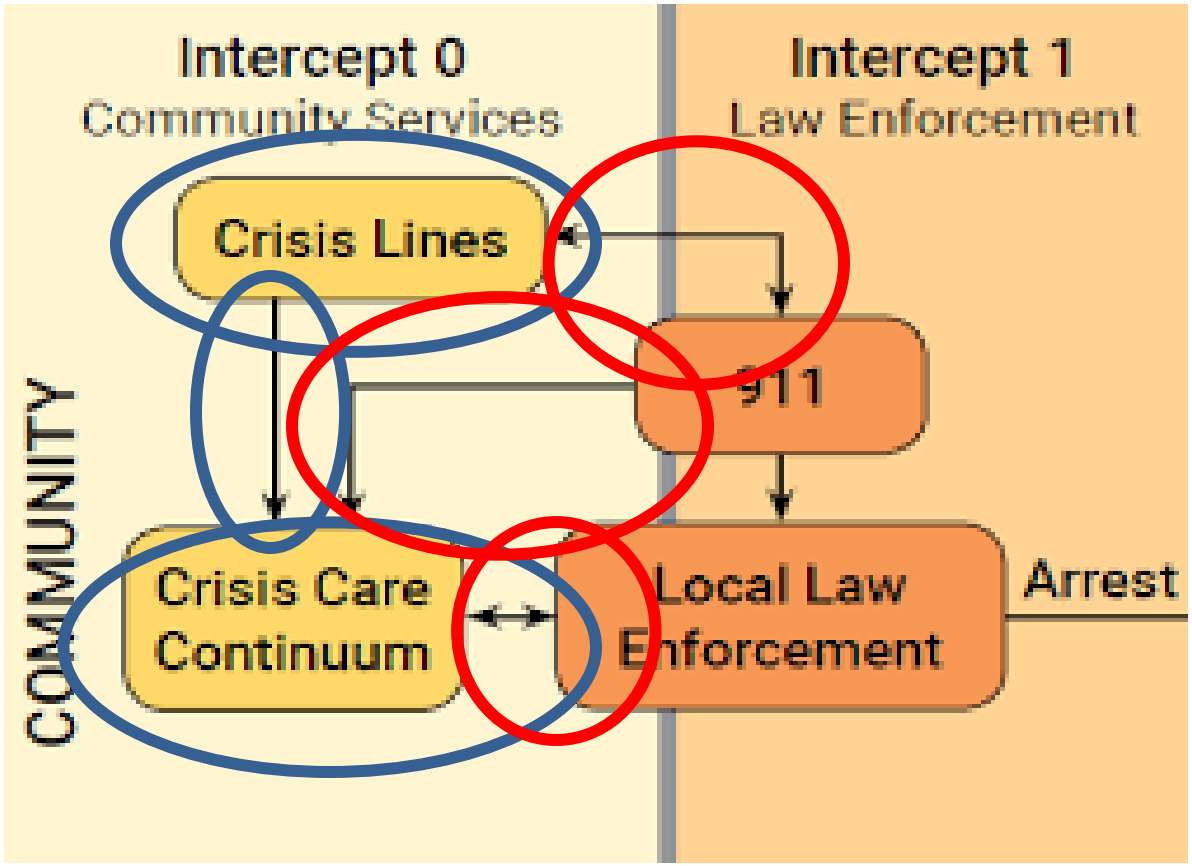
- A reform of the governmental response to Virginians in behavioral health crisis
- Set of protocols, procedures, and response teams to ensure that Virginia provides a behavioral health response (no force first) to a behavioral health crisis
- Named for Marcus-David Peters who was shot and killed by Richmond police in 2018 in the midst of a behavioral health crisis

Shared Responsibility Between DBHDS and DCJS

- DBHDS is lead agency for most of the plan/report; DCJS with specific components
- Both agencies have role in monitoring upon implementation (DCJS in monitoring LE progress towards goals, DBHDS in monitoring crisis system progress towards goals)
- DCJS lead on voluntary database component
- DBHDS lead on public service campaign

Where do the Marcus Alert and STEP-VA Overlap?

Blue = STEP-VA/Crisis Care
Red = Marcus Alert



Key overlap = **bidirectional arrows**. The Crisis Call Center will include a triage for when they need to involve 911 or Law Enforcement in a response. Situations such as need for an active rescue or presence of a weapon would lead to calling for Law Enforcement to join mobile crisis (for active rescue, Emergency Response would proceed with or without mobile crisis)

Crisis Now Model

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.

Approach to the Work

1. Rooted in comprehensive crisis system framework with essential elements based on national best practice models;
2. Supports the rights of all Virginians, regardless of area of residence and race/ethnicity to access behavioral health care safely, in a timely fashion, and in the least restrictive environment
3. Decreases Virginia's reliance on law enforcement as the *de facto* response to behavioral health crises, and
4. Ensures that Virginians with disabilities receive appropriate accommodations to include a safe, compassionate, trauma-informed response when law enforcement is involved during a behavioral health crisis

Levels of Complexity

Comprehensive Crisis System	Marcus Alert
State: air traffic control and standardized measurements	*State:* protections for individuals and standardized measurements
Regional: mobile crisis hubs, Crisis Stabilization Units, CITACs (regional/local), mobile crisis teams (co-located locally when appropriate)	*Regional:* agreements between hub and PSAPs, local law enforcement for back-up
Local: Emergency services, community crisis stabilization supports	*Local:* local protocols for no-force-first approach, warm hand off procedures, local co-response teams when sustainable

High Level Timeline

July 1, 2021: Plan, with diverse stakeholder input, due to general assembly. Will include requirements for protocol development, clarity on what protocols are state-standard vs. individualized, and process for review and approval

December 1, 2021: 5 initial areas covered by all components of Marcus Alert (protocols and response teams)

July 1, 2022: all localities covered by Marcus Alert protocols; 5 more areas covered by all components (including response teams)

Response teams built out over following years until statewide coverage of all components

Marcus Alert Definition

***M**ental health **a**wareness **r**esponse and **c**ommunity **u**nderstanding **s**ervices alert system = Marcus 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

Local Readiness to be an Initial Area

- We have broad buy-in across sectors and are ready to form a group of champions
- We acknowledge the role of systemic racism in behavioral health disparities and disproportionate impact of policing
- At least some of our community members called for reform during the Summer 2020 protests and demonstrations
- We are willing to evaluate our current laws, regulations, and designation of policies and critically assess them
- We are willing to share internal policies and workforce data and budget information across agencies to support the dialogue as it relates to responsibilities and resources

Local Readiness (Cont'd).

- We can have someone on the team whose purview and responsibility crosses law enforcement and behavioral health
- We support the regional model of behavioral health mobile crisis through STEP-VA, including regional call center and shared dispatch infrastructure. We know local policies and procedures may change in order to align with both the Marcus Alert requirements and the broader crisis system to form a statewide "safety net to the safety net."
- Law enforcement in initial area is willing to evaluate use of force protocols and other details of police presentation like uniforms and vehicles as part of this process, and acknowledges that a behavioral health response is a no-force-first response
- We see the importance of working as a region, even as we design our local implementation

Responsibilities as an Initial Area

- If selected, form area group by March
- Send a rep to the statewide group beginning in March
- Work with region to ensure coordination with mobile crisis hub
- Work through state-provided “work plan” to develop implementation plan
- Submit budget and plan, approximately August, 2021
- Stand up plan in December, 2021, with dispatch integrated with mobile crisis call center

Responsibilities as a non-Initial Area

- Take steps toward readiness
- Seek representation on state group, stay engaged and attend forums, calls for comments, etc.
- Form local group following release of state requirements (July 1, 2021)
- Focus of first year will be on protocols for diversion from PSAPs, protocols to serve as back up to regional mobile crisis, and changes to police presentation when responding
- During first year, may determine plan for team coverage (mobile crisis vs. community care vs. co-responder)
- Submit plans for approval to implement by July 1, 2022

State Stakeholder Group (Nominations closed)

20 stakeholder members across 8 areas

- + approximately 5 DBHDS reps (Heather, Mira, Alex, Stephen Craver, Finance Rep), DCJS reps
- new staff position, Lisa, and DCJS staff will facilitate
- + approximately 5 regional CSB reps from initial areas
- Will be process- heavy and structured

Example breakdown:

- Behavioral health- mental health (2), SUD (2) (include peer support for some)
- Law enforcement and CIT (4; at least 2 CIT, 1 leadership)
- Developmental services, brain injury (2)
- Social justice and racial equity (4)
- 9-1-1/PSAP (2)
- Peer support specialist specifically (1)
- EMS, fire, EMTs (2)
- 1 not categorized (based on other priority areas and applicant pool)

Across the types: prioritize lived experiences, ensure statewide representation, and ensure various orientations (e.g., advocacy, local, state, government) and reasons for participating

Broader Engagement

- Stakeholder meetings will be open meetings
  - Public comments will be limited at most meetings (i.e., 10 minutes at the end)
- Three meetings (in addition to the ~10 stakeholder group meetings) will be *focused* on public comment and input

Long Term Expected Outcomes

- See more about Crisis Now Model at www.crisisnow.com
- Coordinated crisis response between state, regional, and local work at Intercept 0 and Intercept 1 (Sequential Intercept Model)
- Increased diversion to the behavioral health system for individuals in crisis, decreased police involvement in behavioral health/developmental disability crisis
- Improved safety and better outcomes for individuals experiencing a behavioral health crises at risk of law enforcement involvement
- Health centered approach for individuals in behavioral health crisis, whether response is by mobile crisis, community care, or law enforcement/specialized responses

Thank you, Question and Comments?

"*With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care…In too many communities, the "crisis system" has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and suicide...*

*...**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. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach."***

February 2020, SAMHSA Toolkit, National Guidelines for Behavioral Health Crisis Care