



Marcus Alert Overview

Virginia Association of Counties
March 1, 2023

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The Marcus Alert System

The **Marcus-David Peters Act** seeks to divert individuals needing behavioral health care from the criminal justice system through the **development of a comprehensive crisis system** which includes mobile crisis and community care teams and three protocols for specialized response to behavioral health emergencies

The “**MARCUS Alert system**” is defined as a set of protocols to:

- (i) **divert calls from the 9-1-1 dispatch and response system** to a crisis call center for risk assessment and engagement, including assessment for mobile crisis or community care team dispatch;
- (ii) provide **backup services when requested**; local law-enforcement agencies are to enter into memorandums of agreement with mobile crisis response protocols providers regarding requests for law-enforcement backup during a mobile crisis or community care team response; **and**
- (iii) develop minimum standards, best practices, and a **specialized response for law-enforcement** participation in the Marcus alert system

Other Components to the Marcus-David Peters Act

- ✓ Voluntary Database
- ✓ Development of a Comprehensive Crisis Continuum

Crisis Now Model

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.

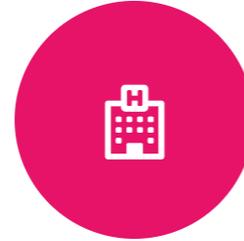
Someone to call



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.

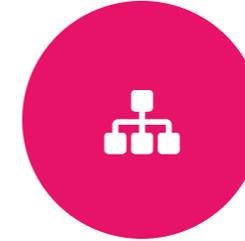
Someone to come
to you



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.

A place to go



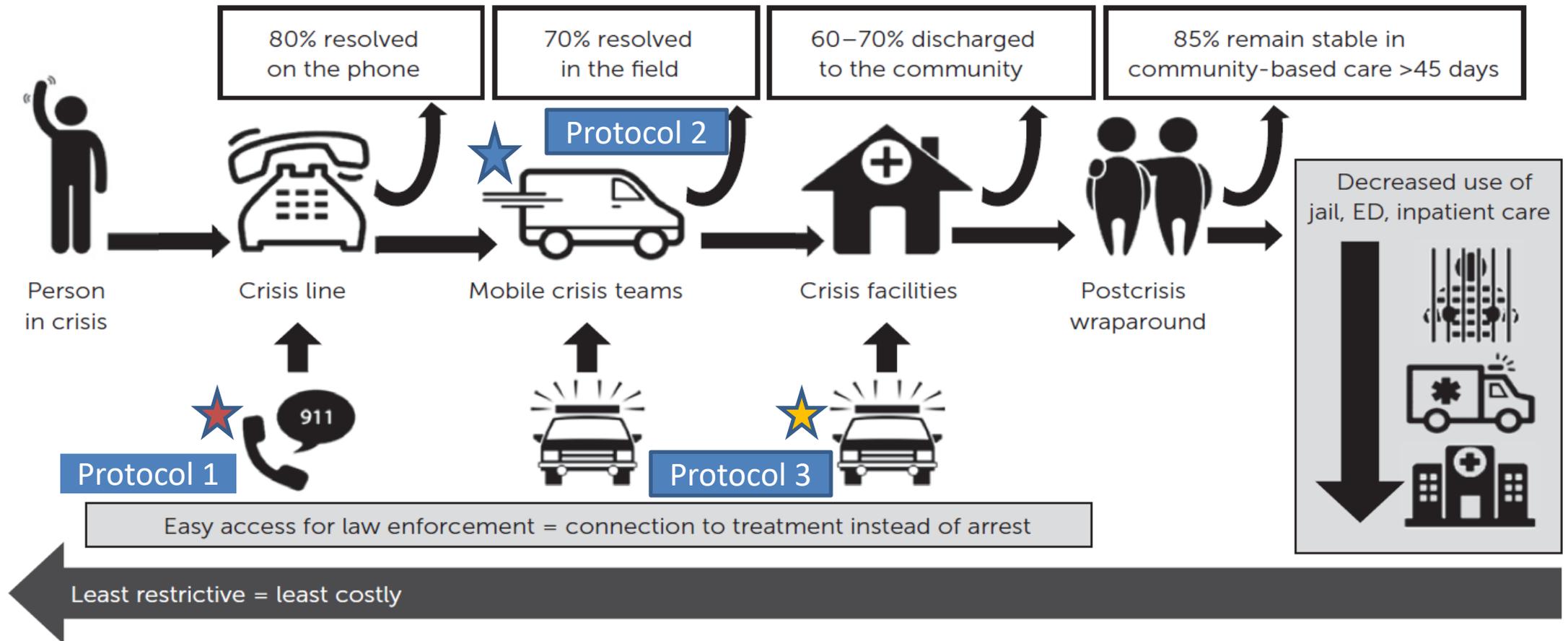
ESSENTIAL PRINCIPLES & PRACTICES

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.



Alignment of Crisis Services

FIGURE 1. Alignment of crisis services toward a common goal of optimal care for individuals in behavioral health crisis^a



Marcus Alert State Plan

- ✓ Available at www.dbhds.Virginia.gov/marcusalert/
 - ✓ 20 pg version recommended to get an overview
 - ✓ Longer version with full catalog recommended as a reference document for specifics and data
- ✓ State plan for implementation is broader than the local requirements:
 - ✓ State components
 - ✓ Local components
- ✓ Marcus Alert Local Plan Guide (April 2022) – Requirements for Localities

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

5 State/Regional Components

- 4 level framework for **urgency**
 - Standard definitions at the state level, cross walks are used to integrate it and further specify at local level
- STEP-VA/BRAVO mobile crisis teams
 - 1 hour response time
- Equity at Intercept 0 Initiative
 - Includes network leads and coalition development
- Statewide training standards
- Public service campaign focused on calling 988

Training State Plan

Training Component	Agency	Approach
Basic BH training	DBHDS	Will be required of all teams dispatched from regional hubs/billing for the service
Basic 911 training	DCJS, VDEM, VDH...	Content will be developed as an add-on to the 988 training curriculum; dissemination plan TBD
Basic & Advanced Marcus Alert Training	DBHDS & DCJS	Cross sector approach that builds on basic trainings and CIT (but CIT not a pre-requisite)

Locality Required Components

There are eight (8) components required for local plan submissions:

1. Local Agency Inventory
 2. Stakeholder Member List
 3. Marcus Alert Responses
 4. Protocol 1
 5. Protocol 2 (not required for those choosing to be exempt; <40,000)
 6. Protocol 3 (not required for those choosing to be exempt; <40,000)
 7. Budget
 8. Contact Information
- Voluntary Database (Must be established by July 1, 2023)
 - Planning Process with Local Stakeholder Group

Voluntary Database

§ 9.1-193. Mental health awareness response and community understanding services (Marcus) alert system; law-enforcement protocols.

- F. By July 1, 2023, every locality shall establish a voluntary database to be made available to the 9-1-1 alert system and the Marcus alert system to provide relevant mental health information and emergency contact information for appropriate response to an emergency or crisis. Identifying and health information concerning behavioral health illness, mental health illness, developmental or intellectual disability, or brain injury may be voluntarily provided to the database by the individual with the behavioral health illness, mental health illness, developmental or intellectual disability, or brain injury; the parent or legal guardian of such individual if the individual is under the age of 18; or a person appointed the guardian of such person as defined in § 64.2-2000. An individual shall be removed from the database when he reaches the age of 18, unless he or his guardian, as defined in § 64.2-2000, requests that the individual remain in the database. Information provided to the database shall not be used for any other purpose except as set forth in this subsection.

Voluntary Database Solutions

- ✓ *Off-the-shelf solutions*
- ✓ *Building on an existing 911 database*
- ✓ *Build a new database (high tech or low tech)*

Resources for Local Planning

The roadmap has five components, which are pictured and described below:



Authorities and Responsibilities for Planning

- Local government official: responsibility to stay informed, support needs across entities/departments, be aware of timeline, be aware (or select) local planning lead and/or lead at each agency, stay updated and connect with regional mobile crisis hub, track compliance and process dates.
- First steps:
 - Has your area developed a voluntary database?
 - Have you determined the geographic area for your stakeholder group?
 - Who is convening the stakeholder group?
 - CSB or existing coalition is recommended but not required
 - Does the stakeholder group have proper representation?

Timeline

5 Months	Localities are required to submit Marcus Alert Local Plans at least 5 months before implementation.
February 1, 2023	Second Implementing Areas (CSBs, PSAPs, and LEAs) are required to submit Marcus Alert Local Plans.
July 1, 2023-2028	Implementation of the Marcus Alert local plan is phased in for localities a minimum of one (1) locality per DBHDS region each year through 2026, all implemented by 2028

Planning Outputs

Output/Product of Planning	Local Entity Most Impacted
Local protocol #1 (transfer calls to 988 from 911)	911 center
Local protocol #2 (coordinate to serve as back up)	Law enforcement
Local protocol #3 (law enforcement policies/procedures)	Law enforcement
Plan for Marcus Alert Responses at each triage level	All (stakeholder group lead process)

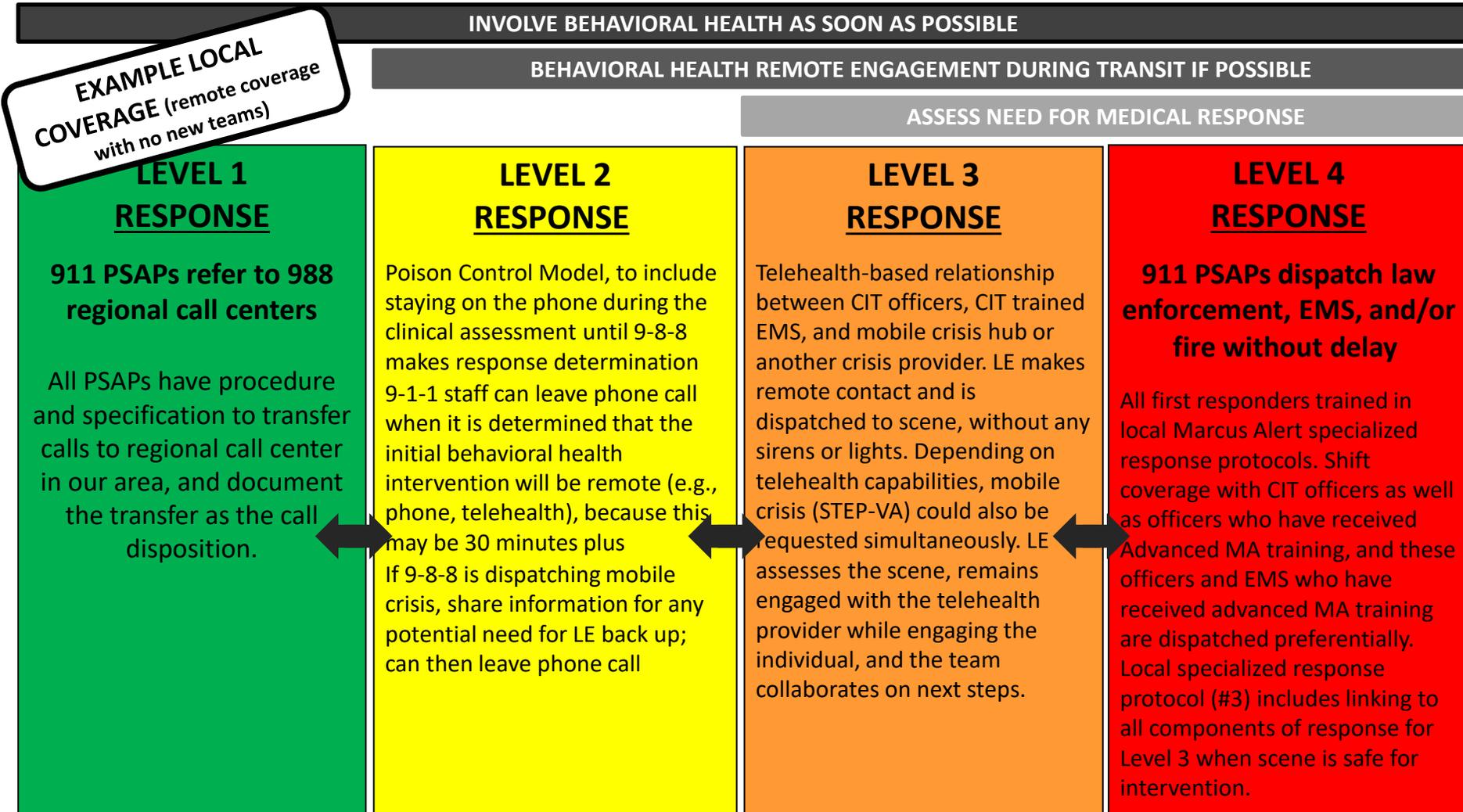
Planning Take Aways

- Start stakeholder group soon, identify convening agency and consider resources
- Coordinate within DBHDS region for protocols #1 & 2
- Use local planning roadmap document
 - Don't skip the research phase
- Ensure representation on stakeholder group
- Ensure community input on all protocols throughout process
- Identify a lead, and delegate responsibility for submitting the plan to a specific person
- Submit plan with 4-6 weeks for review; compliance required July 1, 2022

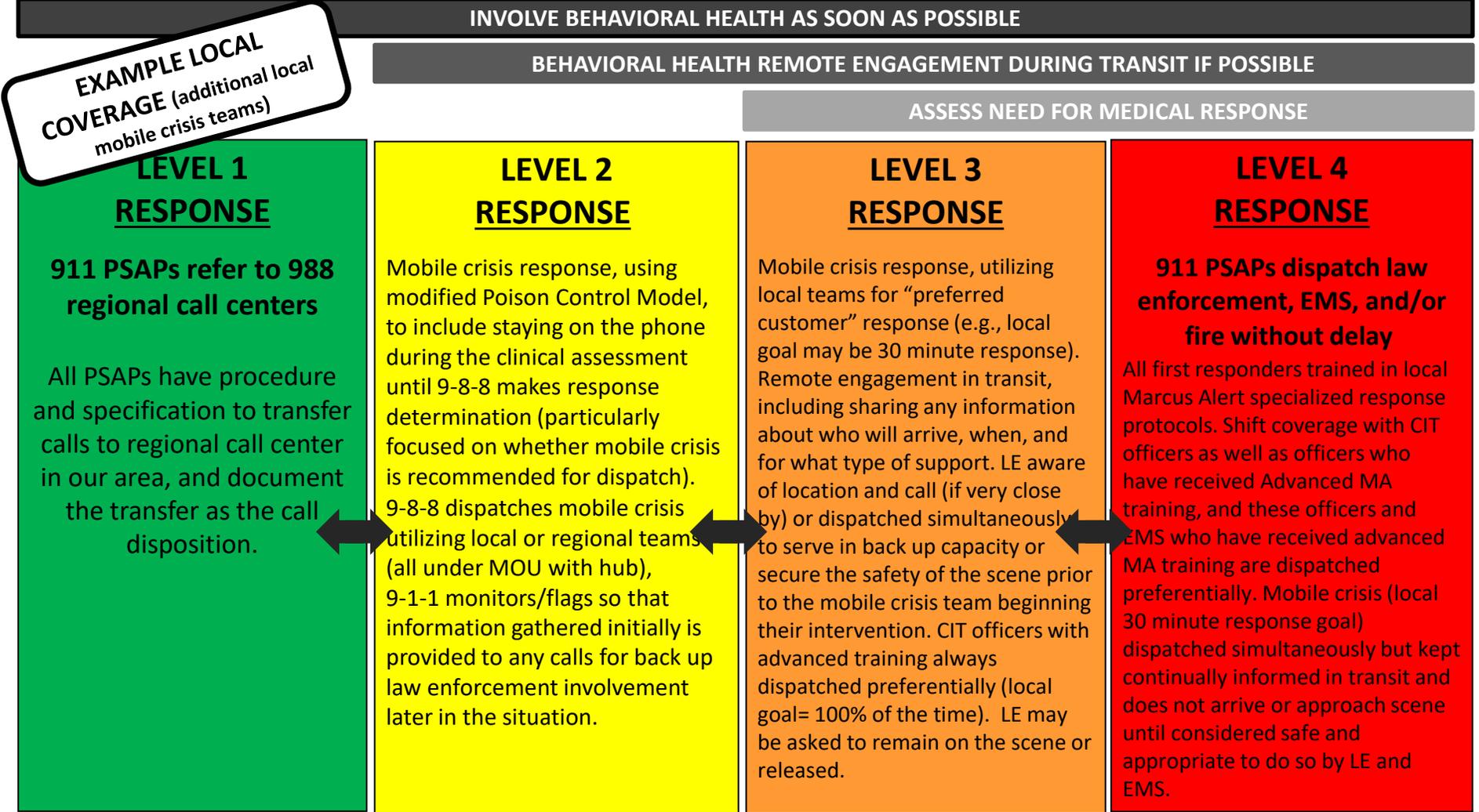
Marcus Alert Responses

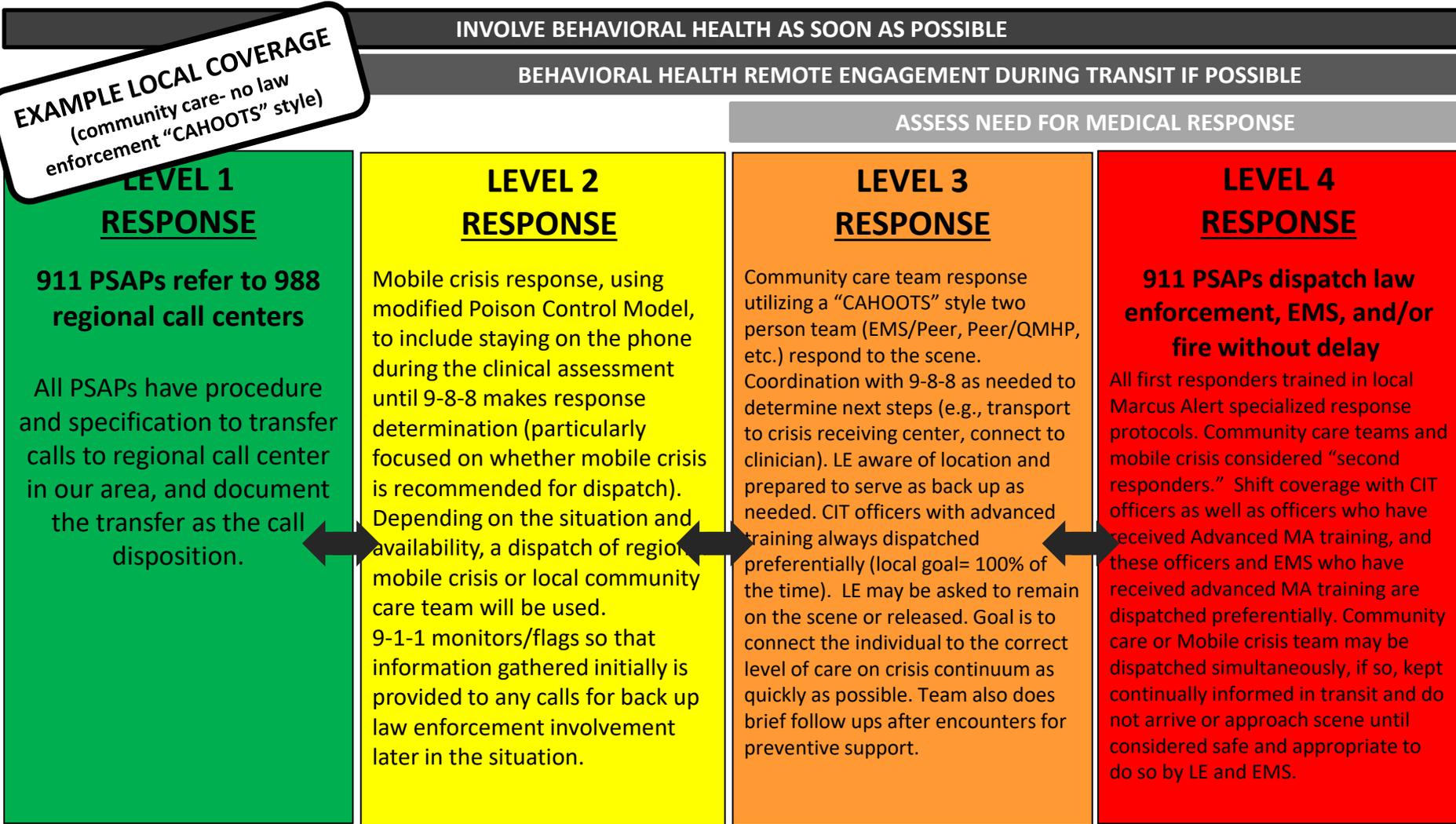
- As STEP-VA/BRAVO funded Regional mobile crisis teams will provide statewide coverage, each locality is not required to form distinct, Marcus Alert teams
- Yet, local teams are expected to be formed in some localities, to complete community coverage across all four levels of the urgency framework
- The Plan outlines coverage approaches included telehealth/remote options, additional STEP-VA/BRAVO teams, and three community care team options, with and without law enforcement, including co-responder teams

Community Coverage = Your Plan for Levels 1,2,3,and 4



EXAMPLE LOCAL COVERAGE (remote coverage with no new teams)





EXAMPLE LOCAL COVERAGE
(preventive community care with law enforcement)

INVOLVE BEHAVIORAL HEALTH AS SOON AS POSSIBLE

BEHAVIORAL HEALTH REMOTE ENGAGEMENT DURING TRANSIT IF POSSIBLE

ASSESS NEED FOR MEDICAL RESPONSE

**LEVEL 1
RESPONSE**

911 PSAPs refer to 988 regional call centers

All PSAPs have procedure and specification to transfer calls to regional call center in our area, and document the transfer as the call disposition.

HIPAA compliant process to allow individuals supported by the community care team

**LEVEL 2
RESPONSE**

Mobile crisis response, using modified Poison Control Model, to include staying on the phone during the clinical assessment until 9-8-8 makes response determination (particularly focused on whether mobile crisis is recommended for dispatch). Depending on the situation and availability, a dispatch of regional mobile crisis or the community care team will be used. 9-1-1 monitors/flags so that information gathered initially is provided to any calls for back up law enforcement involvement later in the situation.

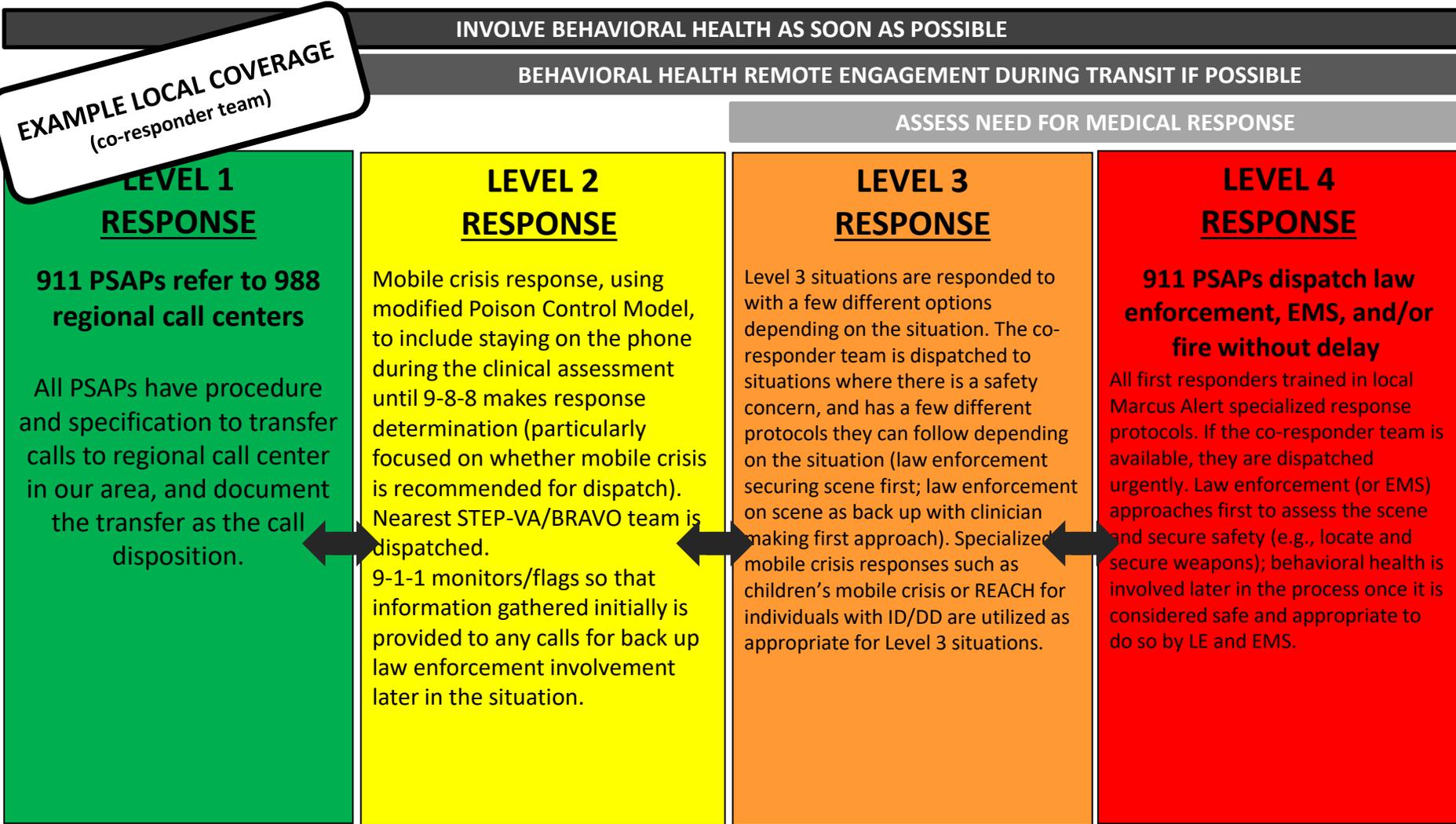
**LEVEL 3
RESPONSE**

Level 3 situations are responded to with a few different options depending on the situation. These include dispatching the community care team and/or whatever members of that team are closest to the scene. Specialized mobile crisis responses such as children's mobile crisis or REACH for individuals with ID/DD are utilized as appropriate for Level 3 situations. The goal is to connect the individual to the correct level of care on crisis continuum and divert from arrest whenever possible. The team then does brief follow ups after encounters for preventive support.

**LEVEL 4
RESPONSE**

911 PSAPs dispatch law enforcement, EMS, and/or fire without delay

All first responders trained in local Marcus Alert specialized response protocols. Community care teams and mobile crisis considered "second responders." Shift coverage with CIT officers as well as officers who have received Advanced MA training, and these officers and EMS who have received advanced MA training are dispatched preferentially. Community care or Mobile crisis team may be dispatched simultaneously, if so, kept continually informed in transit and do not arrive or approach scene until considered safe and appropriate to do so by LE and EMS.



2022 Legislative Changes to Marcus Alert

- **An exemption for law enforcement participation in localities with a population less than 40,000**
 - Protocol 2 (law enforcement back up for Mobile Crisis teams)
 - Protocol 3 (specialized response from law enforcement responding to behavioral health calls)
- **Specific section requiring all PSAPs to divert calls to regional crisis call centers**
- **Voluntary Database**
 - Deadline is pushed back from 7/2021 to 7/2023
- **DBHDS and DCJS must create a workgroup to identify barriers for smaller localities (less than 40,000 population) to participate by 12/2022**

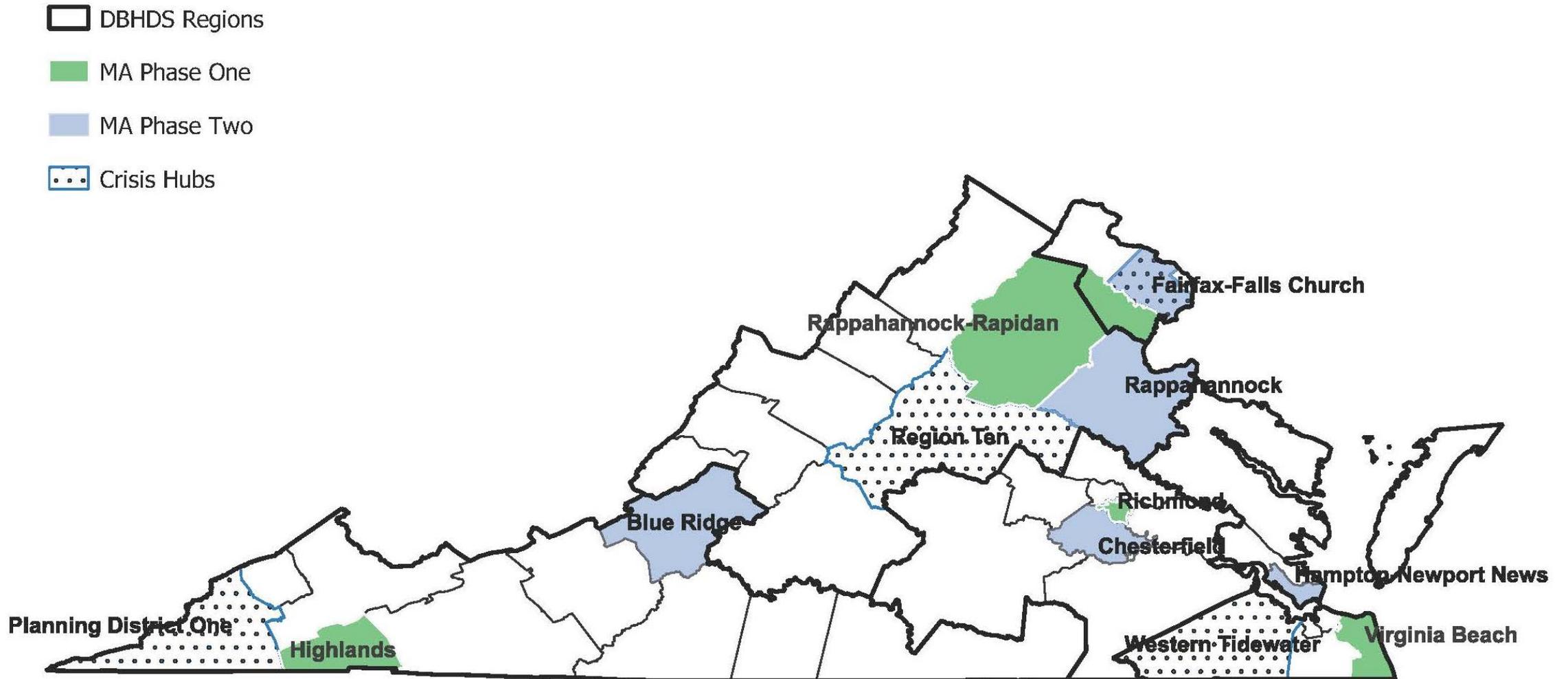
What is the impact of these changes?

- There are 133 Localities (cities and counties) in Virginia.
 - 44 have populations equal to or greater than 40,000 (required to fully implement)
 - 89 have populations that are less than 40,000 (exemption is allowed)
- DCJS is offering Law Enforcement agencies that are eligible for exemption to choose to implement Protocol 2 or 3 as a la carte options.
- Additional Technical Assistance to Law Enforcement Partners

Funding the Marcus Alert

- Costs associated with other components of the system and standing up the local system
 - \$600,000 per area is initial grant amount
 - Only first 10 areas currently funded
 - Expected to cover significant portion, but will not fully fund co-responder program in each area

Marcus Alert Implementing Sites FY22/FY23



What Have We Learned?

- ✓ Marcus Alert Barriers Report
- ✓ Site Visits
- ✓ Q1 & Q2 PSAP Data

What is Next?

- ✓ RFP in-progress for Basic and Advanced Marcus Alert Trainings
- ✓ Recent grant awards for 911 Training and 911 Coordinator (911 workgroup coming soon)
- ✓ 5 more implementations on July 1, 2023
- ✓ Equity at Intercept 0 awardees – entering Year 2
- ✓ Support for efforts through Governor Youngkin’s “Right Help, Right Now” plan

Big Picture

- This requires a lot of coordination and cooperation
 - Build on existing work, don't recreate the wheel, but integrate into the new technologies (e.g., regional call center dispatch)
- Will not work if we don't work together at state, regional, and local level
- Will not be built overnight
- Significant workforce issues must be addressed
- Any larger changes such as related to custody would require legislative changes
- Includes a lot of hard work, as well as broader cultural shift
- *...and this is an incredibly important initiative and will be well worth the effort.*

Questions?

Thank you!

If you have any questions email:

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