Marcus Alert

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The Marcus-David Peters Act is a comprehensive approach to ensuring that Virginia provides a therapeutic, health focuses approach to behavioral health emergencies

Legislation was introduced in the 2020 Special Session of the General Assembly and signed by Governor Northam in December 2020

A Crisis System Transformation

Improve access and linkage to community services for the person in crisis.

Provide earlier crisis response within the continuum of care

Enhancement of community-based crisis service response

Take police out of the front lines of behavioral health crisis response.

How will Marcus Alert achieve proposed outcomes?

Development of protocols and policies regarding response to behavioral health emergencies.

Creation of community response teams/mobile crisis response teams

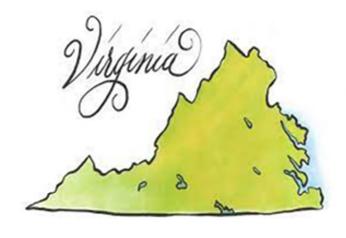
Requirement of voluntary data base for all public safety and communication programs (911).

Creation of Regional Crisis

Call Centers

Creation of coalition to review and evaluate systems, especially for Black and BIPOC Virginians.

Marcus Alert Statewide Stakeholders Group



The Department of Behavioral Health and Developmental Services, in collaboration with the Department of Criminal Justice Services and law-enforcement, mental health, behavioral health, developmental services, emergency management, brain injury, and racial equity stakeholders must develop a written plan by July 1, 2021

- Began meeting in January 2020, with diverse statewide group membership
- Various workgroups for different aspects of the law

Specific Steps-Considerations for Multiple Site Implementation

Region 1:
Orange, Madison,
Culpeper,
Fauquier &
Rappahannock
Counties

Region 2: Prince William County Region 3: City of Bristol and Washington County

Region 4: City of Richmond Region 5: Virginia Beach

Four Level Framework

Routine Response

 Could be handled over the phone.

Urgent Behavioral Health Response

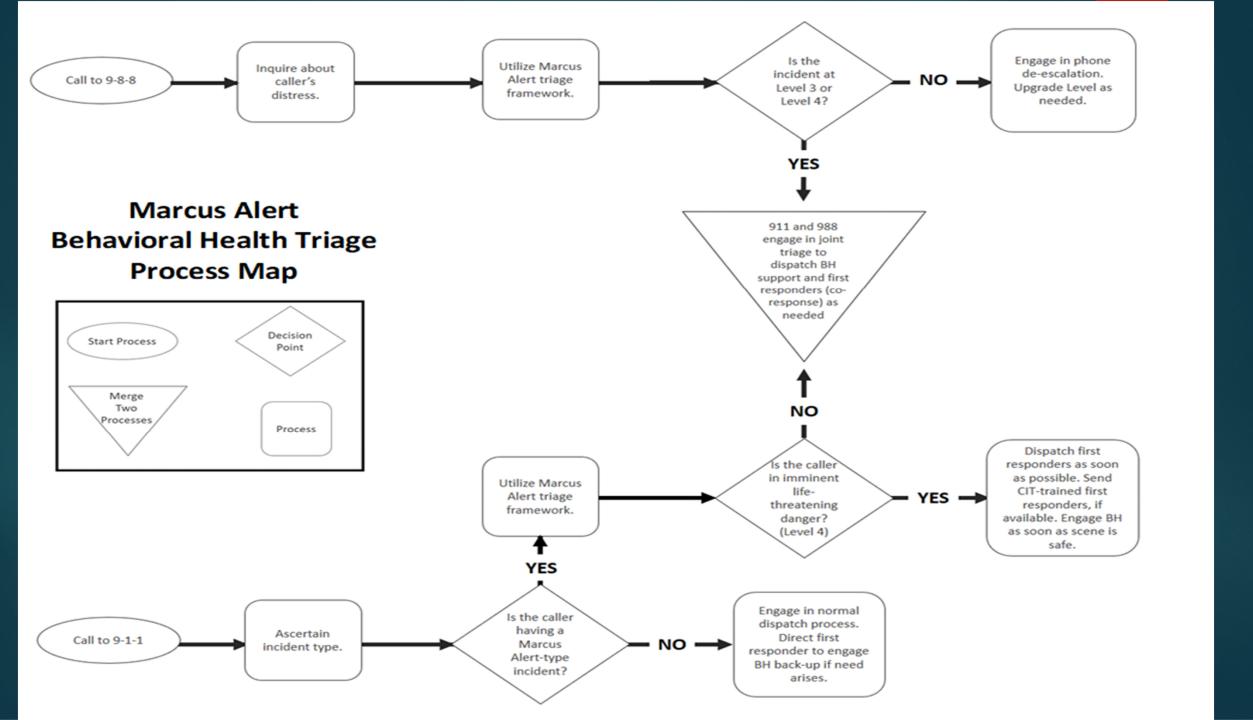
 Send a mobile behavioral health response

Urgent Co-Response

- Behavioral Health and Police arrive together
- Behavioral health takes lead once scene is deemed safe.

Emergent Response

- Police take the lead
- Co-response can step in if deemed safe.



4 Level Urgency Triage

INVOLVE BEHAVIORAL HEALTH AS SOON AS POSSIBLE

BEHAVIORAL HEALTH REMOTE ENGAGEMENT DURING TRANSIT IF POSSIBLE

ASSESS NEED FOR MEDICAL RESPONSE

LEVEL 1 ROUTINE

911 PSAPs refer to 988 regional call centers

- Distressed caller appropriate for phone intervention with trained behavioral health professional with referrals for services within 72 hours
- No homicidal thoughts, intent, or behavior
- Suicidal thoughts acceptable, if no plan and/or means

LEVEL 2 MODERATE

- Distressed caller with imminent need of inperson behavioral health support
- No homicidal thoughts, intent, or behavior
- Suicidal thoughts with no plan or no direct access to lethal weapons
- Minor self-injurious behavior

LEVEL 3 URGENT

- Active aggression
- Florid psychosis
- Homicidal thoughts with no active behaviors or intent
- Active cutting (selfinjurious behavior) with concern for medical risk
- Suicidal thoughts with plan and access to lethal weapons
- Magistrate-issued emergency custody order, if available and requested by law enforcement

LEVEL 4 EMERGENT

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

- Direct, immediate threats to life
- Active suicide attempt
- Active assault on others with ability to cause significant harm
- Any gun present and accessible
- Magistrate-issued emergency custody order issued with immediate security threat

What you need to make this work

A county/city council that is supportive

A Police Department that is on board

A point person in CSB, Police and PSAP

Money

Police and Mental Health Collaboration in PWC

Involuntary Commitment Process Committee

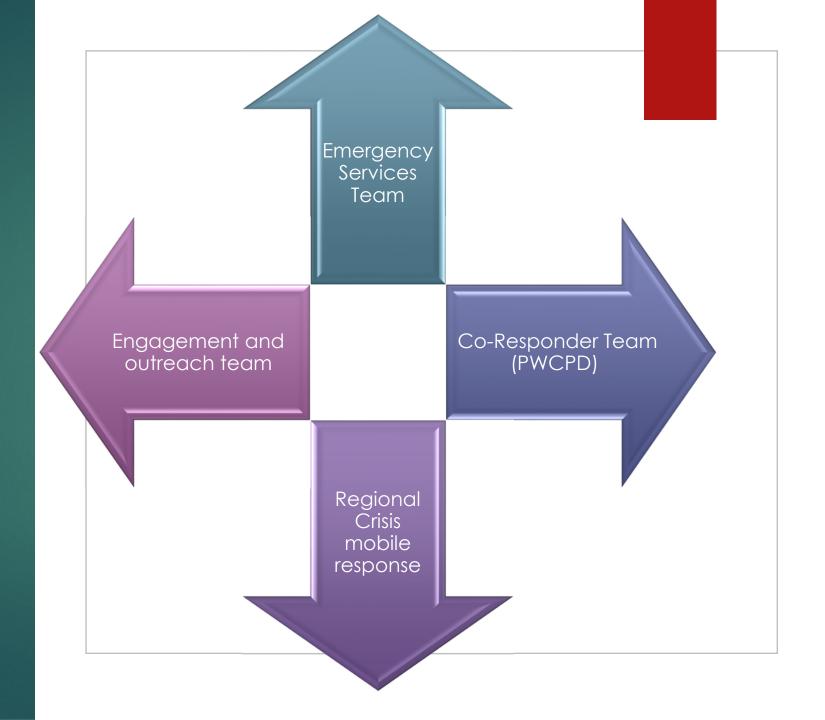
Co-Responder

Academy Trainings Annual Squad Trainings

Supervisor Trainings Negotiator Teams

CIT Training

Prince William Crisis Services



Co-Responder for MPPD and MCPD

Possible additions to PWC crisis system

Crisis receiving center

Clinician on dispatch floor

Virtual Co-responding with EMS/Police