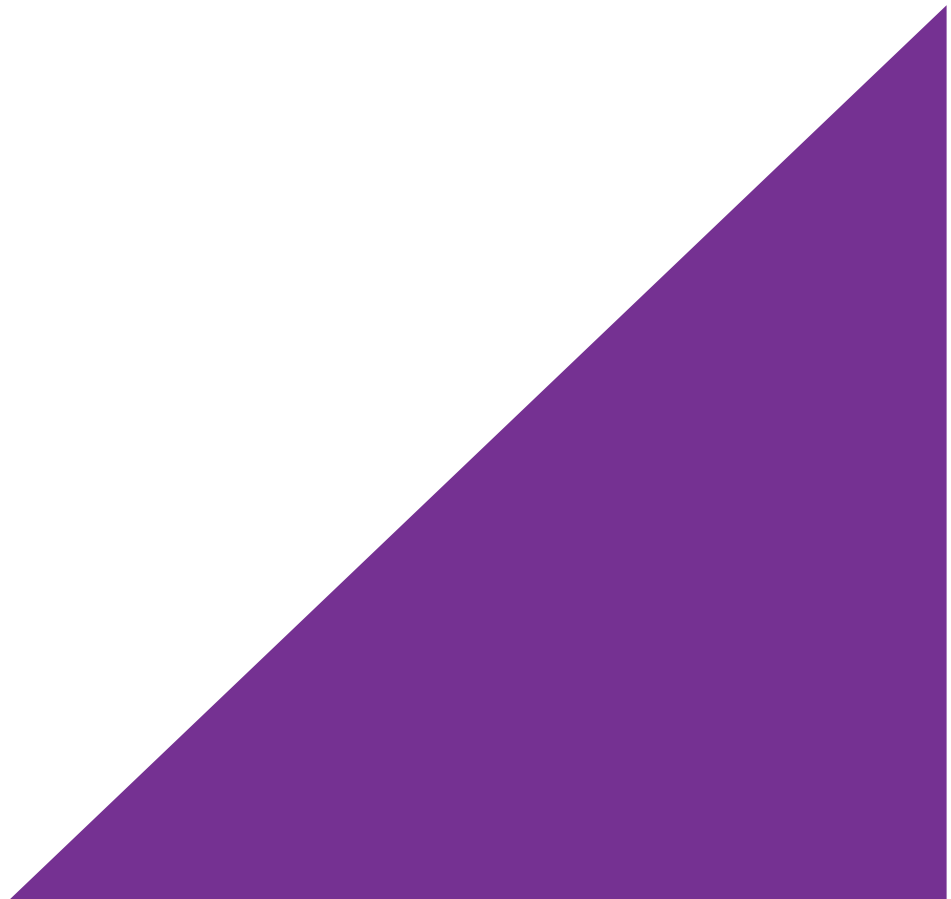# MARCUS ALERT

COMMUNITY PLANNING ROADMAP

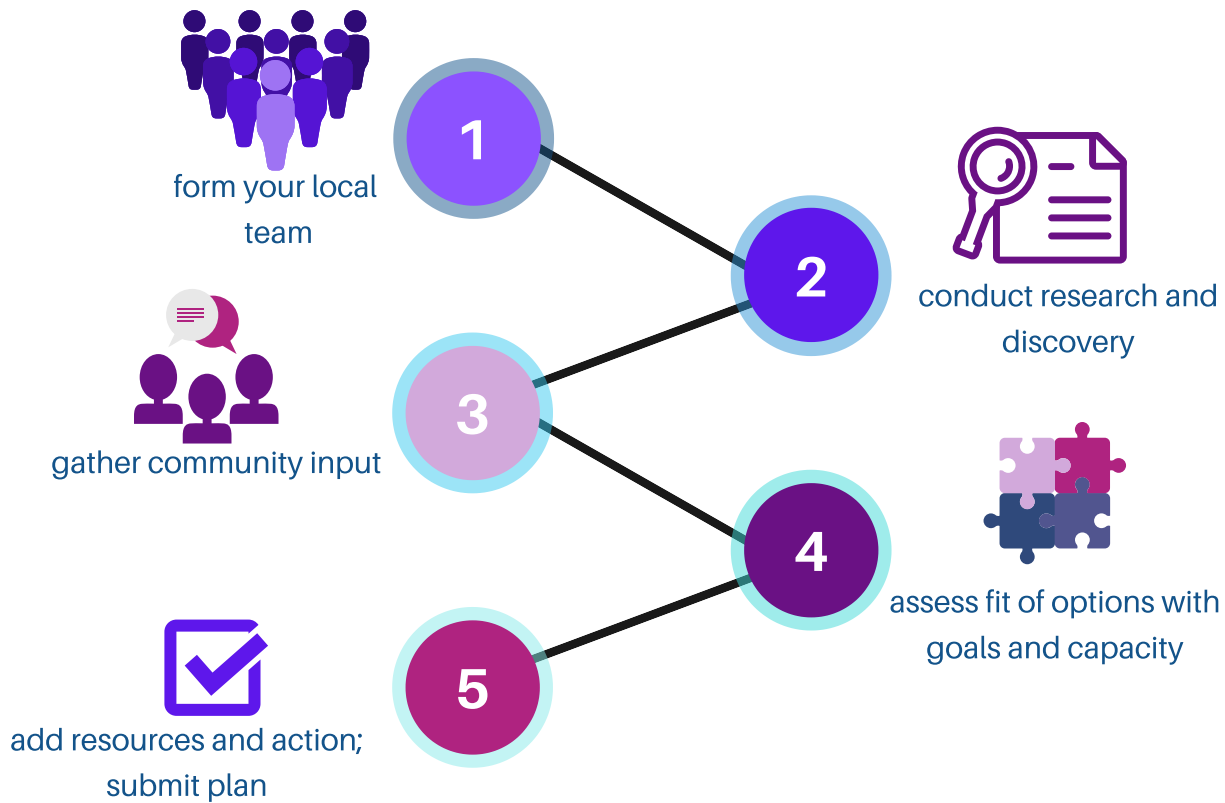**Marcus-David Peters Act Implementation**

ABOUT THE COMMUNITY ROADMAP

The purpose of this document is to provide a guide for your community to progress through the planning, development, and implementation of the requirements of the Marcus-David Peters Act. The roadmapping process includes analyzing the current system to identify opportunities, considering and qualifying the fit between opportunities and your goals and capacity, and writing an actionable plan. This roadmap should prepare you to complete the Marcus Alert Local Plan. A summary of your completed roadmap is required to be submitted with your Marcus Alert Local Plan.

The initial steps of completing the roadmap (steps 1-4) is expected to take up to four months. Then, detailed planning for actions and completing the Marcus Alert Local Plan document is expected to take another four or five months. To ensure you have approved protocols in place as required by July 1, 2022, it is recommended that you begin the roadmapping process (that is, begin forming a local team) by August, 2021.

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

form your local team

conduct research and discovery

gather community input

assess fit of options with goals and capacity

add resources and action; submit plan

Form a local team. The roadmap includes supports for identifying and engaging stakeholders, including those who have not historically been at the planning table, and setting a shared vision for the future.

Conduct research and discovery. The roadmap requires a guided analysis of key aspects of your community relevant to the implementation of the Marcus Alert. This process will result in four profiles that are submitted as part of your plan: population profile, policy profile, funding profile, and service profile.

Gather community input. The roadmap provides a framework for sharing information with community members and eliciting the input of community members, particularly those with lived experience related to mental illness, substance use, developmental disability, TDO, ECO, law enforcement, use of force, or racial discrimination.

Assess fit of options with goals and capacity. The roadmap includes templates for assessing the fit of different approaches to Marcus Alert implementation with your system capabilities and community vision and goals.

Add resources and action; submit plan. The roadmap includes guidelines for each of the three protocols and requirements for submitting the Marcus Alert Local Plan document.

Selecting or Joining an Area

1

Before you can form a stakeholder group, you must have a clear picture of who the stakeholder group is meant to represent. The Marcus Alert is a complex piece of legislation that includes relationships between a number of agency types with various and overlapping jurisdictions. According to the legislation, the Marcus Alert will be implemented on the basis of "areas." Thus, different localities, for example, those all in the catchment area of one CSB, could work together and share one area plan. Alternately, plans could focus on areas across different CSB catchment areas or PSAP catchment areas, such as a region or sub-region, could work together and share one area plan. Or, a single locality/law enforcement agency can have a plan of its own. In general, the area implementing together will have shared accountability and reporting structures. Yet, it is also allowable, and likely preferred for some protocols, to submit a plan where there are shared agreements across a CSB catchment area for some protocols but other protocols are specific to a locality (e.g., specialized response Protocol #3).

EXPLORE AND CONSIDER

What are the options that deserve consideration for your area?
Single law enforcement agency? All agencies in a single County? Group of adjacent localities (partial CSB catchment) ? CSB catchment area? Group of CSB catchment areas? DBHDS region?

What are risks and benefits of the different approaches?
Ensure you discuss with neighboring localities. Involve your local government and a range of agencies when deciding on your approach to defining the area.

DECIDE AND DOCUMENT

You will need to document the following in the Local Marcus Alert Plan.

1. What is the initial area covered by this plan/planning group?
2. How did you come to that decision and who was involved in that decision?

Stakeholder Group Representation

- Behavioral health: community services boards and local private mental health providers, with a focus on agencies owned/operated by clinicians of color or peers, including MH, SUD, and ID/DD
- CSB emergency services, leadership and "boots on the ground"
- CIT leadership and "boots on the ground"
- Law enforcement, leadership and "boots on the ground" representation
- Social services, including adult and child services
- Rehabilitation and aging
- Paramedics, fire/rescue
- All involved 9-1-1 dispatch/PSAP
- Local government representative (e.g., Mayor's office) that has purview across the involved agencies
- Organizations advocating for racial justice and social justice in your area (statewide organizations OK also)
- Individuals and families with lived experience with BH crisis associated with MH, SUD, or ID/DD
- Individuals and families with lived experience with law enforcement involvement such as arrest, incarceration, use of force complaints
- Citizens or non-governmental stakeholders representing social determinants of health outside of behavioral health only (e.g., poverty, housing, community development)

EXPLORE AND CONSIDER

Ensure that your stakeholder group is diverse in general and represents the aims of the Marcus Alert. Black people and people of color should have many different voices and roles in the stakeholder group (i.e., government and non-government). The group should not be overly focused on government representatives-- less than half can be a goal. If you have trouble with group size you can have a "technical" and a "mission" group if needed which meet separately and tackle separate problems, coming together less frequently.

What stakeholders were you, as leadership or organizer, hesitant to engage? Why do you think that is? For stakeholders who are volunteering their time vs. participating in a paid/work-related capacity, how will you compensate for time and/or miitigate for power differentials?

Stakeholder Group Kick-Off

1

We recommend the following activities as the stakeholder group forms. These activities will help build group identity and provide avenue for concerns to be shared openly at the beginning of the process.

1. Sharing individual purpose in a group setting
2. Evaluating and discussing relationships between and among stakeholder groups evaluation
3. Discussing group expectations, formal agreements, and responsibilities of group members
4. Setting a vision for the planning group and/or the project

EXPLORE AND CONSIDER: SHARING PURPOSE

A simple way to have group members reflect and share individual and group purpose is to ask group members to share their answer to this question, "Why does the Marcus Alert matter to you, your community, or your agency? Why does being part of this planning group matter to you?"

EXPLORE AND CONSIDER: RELATIONSHIPS BETWEEN GROUP MEMBERS

Ask all group members to consider all of the relationships between stakeholders and agencies and communities/community groups. Put the different relationships in these categories:
strong relationship, positive relationship
conflictual relationship
historically conflictual relationship currently under repair
distant or avoidant relationship
non-descript relationship, little interaction but no avoidance
large power differential/uneven relationship

- Compare your answers. Is there agreement across stakeholders in terms of where relationships are strong, conflictual, distant, or non-existent?
- What are some recent cooperative projects that have gone well, or how could other recent cooperative projects be improved upon?

Consider this list of values. Work to either select key values as a group or develop a vision statement to guide your work.

1

EXPLORE AND CONSIDER: EXAMPLE VISION AND VALUES FOR SYSTEM AND SERVICES

System perspective
Shared responsibility for success
Prioritize needs of most vulnerable
Accountable to each other
Accountable to the community
Systems-minded
Just culture
Continuous assessment and quality improvement
inclusive planning process
collaborative and cooperative
trust in each other and with community
Honest and transparent
outcome-driven
Efficient or maximizing resources

Health focused
person centered
family centered
diversion first philosophy
resiliency focused
recovery oriented
trauma informed
Equity focused
shared power
open to feedback
culturally competent and humble
anti-racist
Innovative
Bold changes
effective and evidence based
measurable and achievable outcomes

DECIDE AND DOCUMENT

You will need to submit a list of members from your stakeholder group with your local plan, including the stakeholder area they represent. This information should be available online and accessible to the public.

Submit any vision statement or value list that was developed.

Conduct Research and Discovery

2

The Research and Discovery section will result in the development of the following five profiles. It is required that these profiles be completed and utilized in the planning process. You do not have to share the results with State partners, but you will attest that you have completed them and utilized locally. Some of this information should have already been gathered from completing the Locality Survey for the State Plan.

Profile 1: Intercept 0 Crisis Services Profile
Intercept 0 refers to community based crisis services that are accessible to community members without law enforcement involvement or 9-1-1 referral.

Profile 2: Intercept 0/1 Services Profile
Intercept 0/1 refers to services, programs, or protocols that are designed to route individuals in behavioral health crisis to community based crisis services. This includes diversion from 9-1-1 to another access point, connections between the crisis continuum and law enforcement (such as drop off or assessment centers), and pre-arrest diversion programs.

Profile 3: Intercept 1 Services Profile
Intercept 1 refers to law enforcement services, so in this context, includes policies, procedures, and programs associated with responding to individuals in behavioral health crisis including those with developmental disabilities, use of force policies, and other relevant law enforcement policies or procedures.

Profile 4: Population and Area Profile
Population and area profile include statistics regarding your population size, composition, crime and arrest statistics, community traumas and special considerations or populations.

Profile 5: Funding Profile
Funding profile looks across federal, state, and local funding for mental health, law enforcement, and programs at the intersection.

Conduct Research and Discovery

2

Intercept 0 Services Profile

1. What is the regional mobile crisis hub for your area via STEP-VA? What is the stage of development, and who is the primary contact?
2. How many certified prescreeners are there for your area and, on average, how many prescreens do they complete per month?
3. What are all of the job duties of your emergencies services team?
4. Do you have mobile crisis services through your CSB?
5. Do you have any private mobile crisis providers in the area?
6. Do you have any existing mental health or mobile crisis providers or partners who you would identify as Black led, peer led, BIPOC led, social equity focused, or disability justice focused?
7. Describe crisis stabilization services, residential and non-residential in your area.
8. Describe other place based private services in your area such as walk in crisis centers, peer retreat/respite, etc.
9. Behavioral Health Enhancements crisis rates for mobile crisis, community stabilization, 23 hour observation, and crisis stabilization unit are planned for December, 2021. What information do you have about how this will change your landscape at intercept 0?
10. Describe any equity-related initiatives or measurement of disparities in behavioral health services that are ongoing.

Note: If you completed the Locality Survey that was requested during the development of the State Plan, you can use many of your responses here. A fillable version of this profile can be found on the Marcus Alert website.

Conduct Research and Discovery

2

Intercept 0/1 Services Profile

1. Describe your CITAC.
2. Any recent changes or planned upcoming changes for your CITAC?
3. Describe patterns of utilization for the CITAC. Is it underutilized, overutilized, utilized by some but not others?
4. Do you have any type of protocols or procedures for transferring calls from 9-1-1 to CSB emergency services?
5. Do you have any 9-1-1/PSAP based initiatives or special trainings regarding Mental Health?
6. Do your 9-1-1 dispatchers ever participate in CIT training?
7. Do you have any type of co-responder program?
8. What written agreements do you have between LE and BH when LE is involved in a TDO?
9. Are weapons allowed in your CITAC? If so, what type and who decided? Describe security-related features of your CITAC.
10. Describe any other pre-arrest diversion programs, policies, or procedures, including those in development.
11. Have you had any barriers to placing services or diversion options at Intercept 0/1 in the past?

Note: If you completed the Locality Survey that was requested during the development of the State Plan, you can use many of your responses here.
A fillable version of this profile can be found on the Marcus Alert website.

Conduct Research and Discovery

2

Intercept 1 Services Profile

1. Describe your Crisis Intervention Team structure, program, training. How many CIT trained officers do you have (# and %).
2. Do you have any local CIT champions or special CIT projects?
3. What LE protocols exist that are specific to responding to a BH crisis?
4. What de-escalation related training, protocols, or requirements are currently in place?
5. Does your use of force policy consider behavioral health, including specific populations such as ID/DD explicitly?
6. Does your use of force policy escalate based on compliance with verbal commands?
7. Are all of your officers outfitted the same, in terms of cars, uniforms, and weapons? If not, what are the distinctions (e.g., certain roles, events, etc)? Do any of these distinctions relate to mental health or interactions with people in crisis already?
8. What actions has your law enforcement department taken to address wellness and officer distress (e.g., counseling on site, debriefing, psychoeducation)?
9. What actions has your law enforcement department taken to address explicit racism (e.g., screening for racist attitudes in job interviews, reporting of racist behaviors required internally, sanctions?)?
10. What actions has your law enforcement department taken to address implicit bias (e.g., required gun/cell phone simulator, implicit bias tests, training for awareness, interventions to address)?

Note: If you completed the Locality Survey that was requested during the development of the State Plan, you can use many of your responses here.
A fillable version of this profile can be found on the Marcus Alert website.

Conduct Research and Discovery

2

Area and Population Profile

1. Total population size:
2. Race and ethnicity statistics/description:
3. Socioeconomic statistics/description:
4. Median income:
5. Geographical description:
6. Square miles/area:
7. Rural, urban, and suburban characteristics:
8. LOCUS estimates for area:
9. Population served by CSB (number):
10. Same Day Access assessments per month:
11. Current emergency services assessments per month:
12. Current arrests per month:
13. Violent crimes per month:
14. Jail/detention statistics:
15. Drug court statistics:
16. Other diversion program statistics:
17. Police deaths in line of duty and geographic area (zip code) where it occurred (last 15 years):
18. Civilian deaths by police and geographic area (zip code) where it occurred (last 15 years):
19. Other community traumas of note that may impact the implementation of the Marcus Alert:
20. Were any of these incidents welfare checks, mental health calls, or otherwise calls that would be expected to be served, even tangentially, under Marcus Alert protocols?

Note: If you completed the Locality Survey that was requested during the development of the State Plan, you can use many of your responses here.
A fillable version of this profile can be found on the Marcus Alert website.

Conduct Research and Discovery

2

Funding Profile

Intercept 0: (mental health/CSB) funding
Local-
State-
Federal-
Total budget:

Intercept 0/1: (CITAC funding, diversion funding, co-responder funding)
Local-
State-
Federal-
Total budget:

Intercept 1: law enforcement funding
Local-
State-
Federal-
Total budget:

Note: If you completed the Locality Survey that was requested during the development of the State Plan, you can use many of your responses here. A fillable version of this profile can be found on the Marcus Alert website.

GATHER COMMUNITY INPUT

3

Sections 3 and 4 should be considered an iterative process, where initial community input is gathered to inform development of options, and community input is also gathered later to respond to options under consideration. In other words, you won't complete Section 3 fully before moving on to Section 4, you will complete them both in tandem. To begin to gather community input, you will need to share basic information (e.g., powerpoints, 4 level triage framework, etc.) with partners prior to gathering input.

GATHER COMMUNITY INPUT

GENERATE IDEAS AND OPTIONS

ASSESS FIT WITH VISION AND CAPACITY

EXPLORE AND CONSIDER: GATHERING INPUT AND FEEDBACK

We recommend an iterative process between gathering input, shaping ideas, eliciting feedback, assessing and refining ideas, and agreeing to a plan that meets the needs of your community.

- Have all stakeholders review/give additional input on the profiles completed. Based on the profiles and the goals, what opportunities can you identify for improvement?
- Hold community forums and focus groups to share the initial profiles and opportunities that have been identified
- Elicit verbal and written input from community members
- Ensure and document input from most impacted communities, even if additional outreach is required

ASSESS FIT OF OPTIONS WITH VISION AND CAPACITY*

4

Generating Ideas, Opportunities, and Options

Based on the profiles, values, goals, vision, and community input, what opportunities can you identify for improvement?

- **See next page for State Plan components and examples/best practices for consideration**
- *Keep track of all ideas for opportunities*
- *Try to list out all specific ideas ("build 23 hour observation capacity at our CITAC")*
- *Create a table of all opportunities/ideas (Excel recommended)*

OPPORTUNITY 1:

OPPORTUNITY 2:

OPPORTUNITY 3:

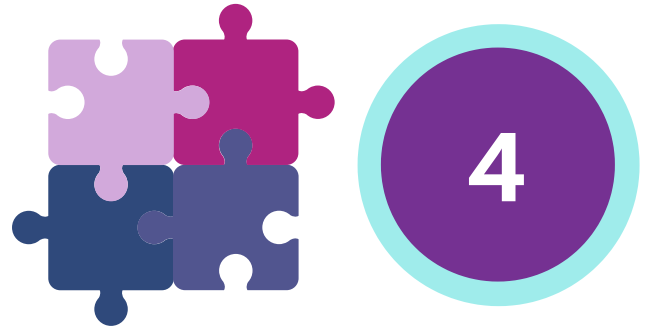**OPPORTUNITY 4:**

OPPORTUNITY 5:

OPPORTUNITY 6:

OPPORTUNITY 7:

*This exercise is based on the work of Professor Robert Styles, who, utilizing the Prosocial Process, created materials for local groups to identify their shared goals and create community roadmaps.
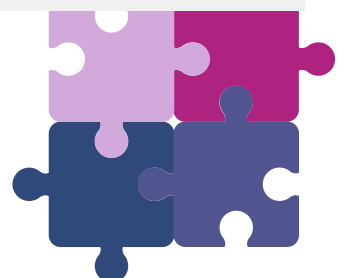
OPPORTUNITY LIST (EXAMPLES)

This is a non-comprehensive list of areas to consider, opportunities, best practices, and local team options from the State Plan for your consideration and idea formation. Opportunities do not have to be framed in these terms; rather, these are to ensure that the different areas that are required in the local plan will be considered during this process. There are many potential opportunities you may develop to meet the goals of the Marcus Alert which do not appear here.

General opportunities:
Formal needs assessment
- Crisis Intercept Mapping
- integration with other initiatives or projects
- build on CIT successes, expand CIT
- leverage CIT champions
- Conduct community survey
- voluntary database solutions
- Analyze EMD and decision processes broadly through a Marcus Alert lens before completing the 4 level crosswalk
- pursue funding opportunities
- Design requirements for cross-sector meetings- quarterly required, consider weekly
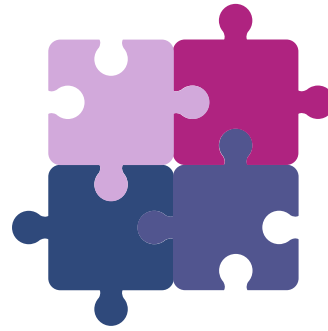
Protocol #1 opportunities:
- review current PSAP poison control procedures to identify any opportunity for overlap
- collaborate with others in region and regional hub on Protocol 1 (diversion to 988)
- Evaluate PSAP data on mental health calls
- Embed clinician at 911
- Telehealth and remote options with hub
- Telehealth/CIT solutions

Protocol #2 opportunities:
- work with regional partners for shared Protocol #2 (serving as back up)
- require additional training to serve as back up
- Increase CIT shift coverage and/or coverage by officers with advanced training
- Consider specific procedures, policies (overlap with Protocol #3)

Protocol #3 opportunities (specialized law enforcement response):
- Culture, leadership, and organizational policy changes
  - de-escalation required
  - policy specific for responding to behavioral health crises
  - policies specific to individuals with mental health, substance use disorders or developmental disabilities and brain injuries
  - Officer wellness program improvements
  - Use of force policy overall and specific to behavioral health crises
- Basic training changes (basic training = training required for all officers)
- Intermediate training changes (40 hour, voluntary changes, often CIT training)
- Advanced training on certain topics, outside of advanced Marcus Alert training
- changes to police presentation (policy changes for lights, sirens, or new resources such as soft uniforms or less lethal training)

Community Coverage opportunities:
- Work with STEP-VA coverage, integrating additional supports like telehealth or aspects of Protocol #3
- Build additional local mobile crisis teams to be dispatched by hub
- Consider academic partnerships and training opportunities
- Create community care teams without law enforcement to provide "street triage" or "CAHOOTS" style intervention
- Peer-led community care teams
- EMT involvement in community care
- preventive community care team with law enforcement (Henrico STAR model)
- focus on high utilizers
- focus on youth needs, collaborate with schools
- focus on homelessness, meeting basic needs and housing
- build high acuity co-responder program (ride along)
- Tailored community care for neighborhoods
- Build out crisis receiving, 23-hour observation, or CITAC
- create peer retreat/respite
- Focus on increasing detox or acute crisis beds

ASSESS FIT OF OPTIONS WITH VISION*

4
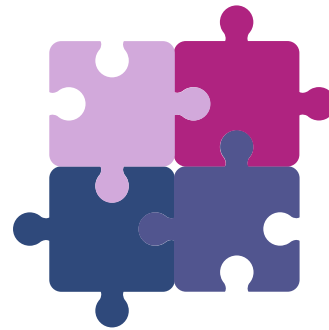
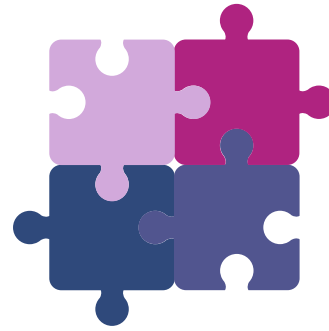## Evaluating Fit of the Opportunities

On a scale of one to ten, have stakeholder group members rate the different opportunities regarding their fit with the overall vision and values.

- *Can add ratings to Excel table of opportunities*
- *PDF version of the below graphic, which can be used to allow group members to put ratings on the chart in real time, is available with web materials*

Opportunities	Poor ⟵ Fit with Vision ⟶ Perfect	Rank

*This graphic was developed by and reprinted with permission from Professor Robert Styles, who, utilizing the Prosocial Process, created materials for local groups to identify their shared goals and create community roadmaps.

ASSESS FIT OF OPTIONS WITH CAPACITY*

4

Evaluating Fit of the Opportunities

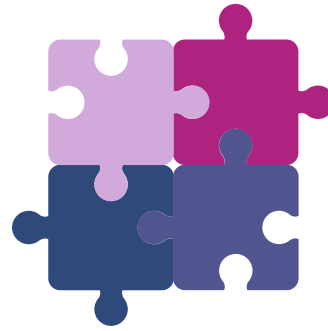Take the top three opportunities based on overall fit with vision. What resources and capabilities are necessary for each? Rate your resources/capabilities on the following scale: "Gap," "Average," "Good," "Leader," "World Class"

- *Discuss and rate the different capabilities that are necessary for the different opportunities that are a good fit for the vision.*

Capabilities & Resources	Gap	Average	Good	Leader	World Class

*This graphic was developed by and reprinted with permission from Professor Robert Styles, who, utilizing the Prosocial Process, created materials for local groups to identify their shared goals and create community roadmaps.

Completing Steps 3 and 4

Once all opportunities are assessed and additional community input is gathered, it is time to make a decision. The decision must include short term steps, midterm plans, or long term goals. At a minimum, ideas for the required components of the Marcus Alert should be agreed upon to meet July 1, 2022 requirements, even if decisions about community coverage by phased-in date are not fully made.
.

GATHER COMMUNITY INPUT

GENERATE IDEAS AND OPTIONS

ASSESS FIT WITH VISION AND CAPACITY
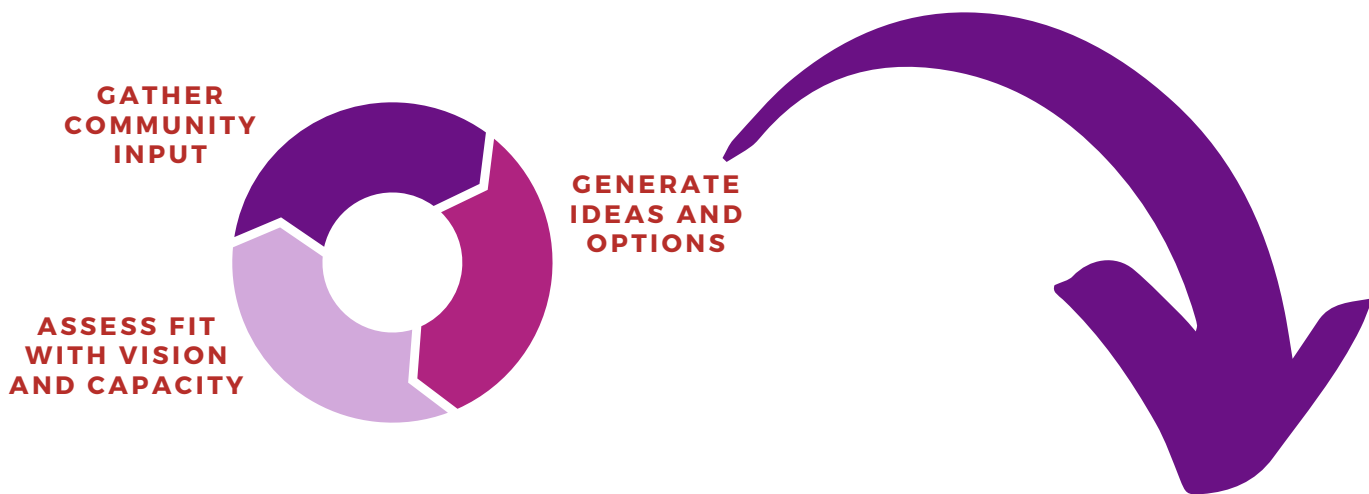
DECIDE AND DOCUMENT

You will need to submit a summary of Steps 3 and 4, including meetings held and opportunities considered.

Document any decisions made, document why they were made, and share with the stakeholder group and the broader stakeholders they represent.

ADD RESOURCES AND ACTION, WRITE PLAN FOR SUBMISSION

5

Developing Technical Details of Plan for Submission

If your workgroup has separate "Mission" groups and "Technical/Operations" groups, this step is where the technical group will take over to develop the details of the plan that will be submitted. The Mission group and/or larger stakeholder group should have a chance to review the plan before it is submitted to the State, but they will likely be less involved in the development of the technical specifications needed to complete the application components. Their review prior to submission will confirm that the decisions made throughout the process are generally reflected in the technical specifications.

Local Plan Components for Submission (See Marcus Alert Local Plan for templates)

Documentation of Sections 1-4 of the roadmap, including list of stakeholder group members

Triage crosswalk (PSAP)

Copy of Protocol #1

Copy of Protocol #2

Copy of Protocol #3 (includes response for 4 levels of urgency for July 1, 2022, plan may change as community coverage comes online)

Plan for community coverage (not required until phased in date)

Contact information for individuals accountable for data submission for PSAPs, response teams, and law enforcement

Budget (if any)

Concerns or barriers to further implementation in coming years to include setting up local quality improvement process, achieving phased-in coverage, data and reporting

KEY RESOURCES AND REPORTS

Resources specific to the Marcus Alert are posted at
https://www.dbhds.virginia.gov/marcusalert

If you have trouble locating something you need, you can email:
marcusalert@dbhds.virginia.gov

February 2020 SAMHSA National Guidelines and Toolkit for Behavioral Health Crisis Care:
https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

National Council. Roadmap to the Ideal Crisis System (March, 2021)
https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

Center for Law and Social Policy. Youth Mobile Crisis Responses: An Investment to Decriminalize Mental Health.
https://www.clasp.org/sites/default/files/publications/2021/04/Youth%20Mobile%20Response%20Services_0.pdf

January 2020. Responding to Individuals in Behavioral Health Crisis via Co-Responder Models. Policy Research, Inc. and National League of Cities. https://www.prainc.com/wp-content/uploads/2020/03/RespondingtoBHCrisisviaCRModels.pdf

Crisis Now Resources: www.crisisnow.com

Sequential Intercept Resources:
    SAMHSA Brochure: https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf
    Policy Research Associates:
    https://www.prainc.com/sim/

Prepared by the Virginia Department of Behavioral Health and Developmental Services with support from Virginia Department of Criminal Justice Services and the Marcus Alert State Stakeholder Planning Group