

MARCUS ALERT

General Information, Intersections with STEP-VA and Behavioral Health Enhancements, and Initial Planning

Questions or Comments?

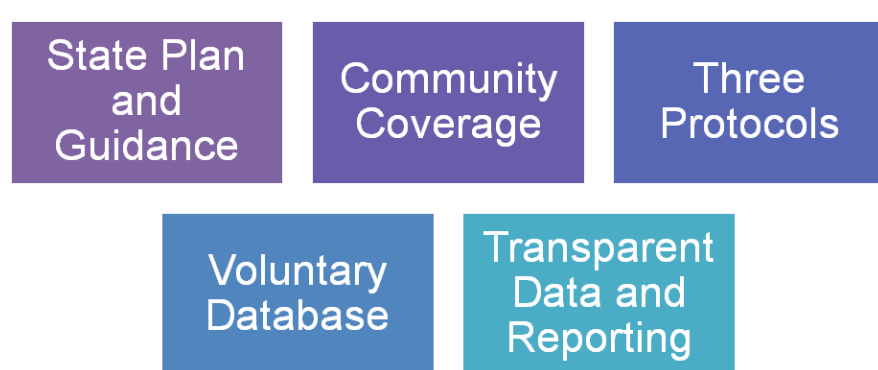
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THE ACT

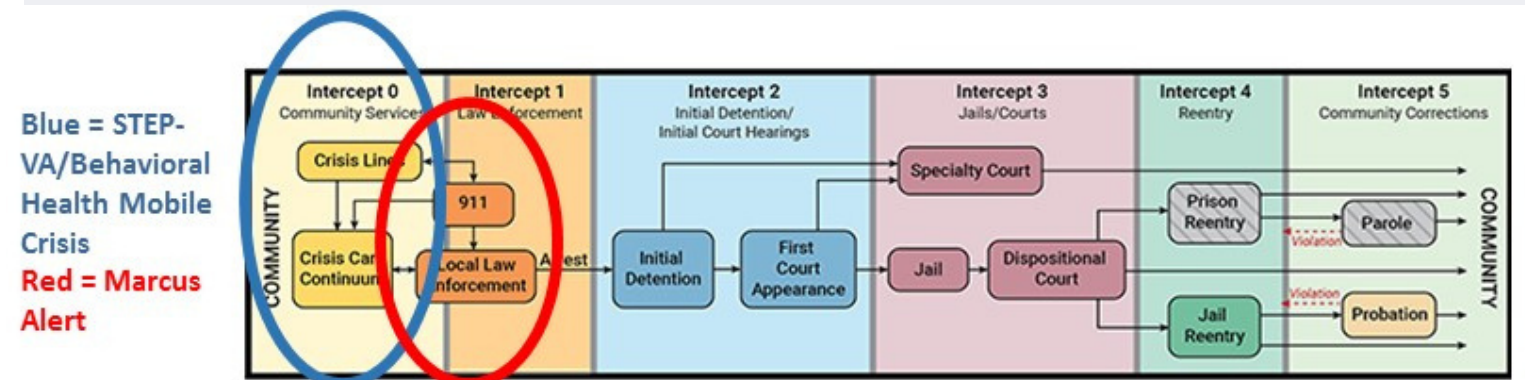
The Marcus-David Peters Act is a comprehensive approach to ensuring that Virginia provides a therapeutic, health-focused response to behavioral health emergencies. It was largely the result of advocacy by the family of Marcus-David Peters, a young, Black, Biology teacher who was shot by Richmond Police in the midst of a mental health crisis. The Act includes coordination between recent investments in the behavioral health crisis continuum, including mobile crisis teams to respond statewide 24/7, protocols that focus on full diversion to the behavioral health system, specific requirements for mobile crisis and law enforcement when law enforcement is called as back-up, protocols to guide any co-response programs or other community care models, and protocols regarding police presentation, training, and behavior such as use of force whenever responding to a behavioral health emergency. In other words, the Marcus-David Peters Act is more complicated than an investment in behavioral health crisis services, a new program for law enforcement to implement, or a reform of crisis intervention training, because it takes a comprehensive, systems-wide approach to decreasing Virginia's reliance on law enforcement as the de facto response to behavioral health emergencies. Improved policies, protocols, and outcomes are expected as a result of the implementation of the Act, with specific benefits expected for Black Virginians, Indigenous Virginians, and Virginians of Color due to existing racial disparities in behavioral health care access and law enforcement involvement and outcomes. Transparent data collection and reporting, including racial disparities, are also required components.

The Act includes responsibilities for DBHDS and DCJS. Some Key Components are:



STEP-VA AND MARCUS ALERT

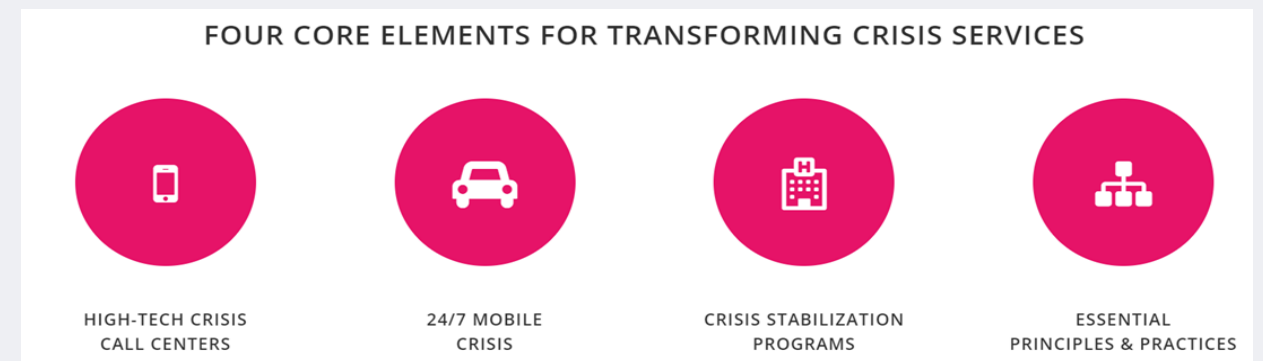
The Marcus Alert is a complementary initiative to other recent and ongoing investments in behavioral health crisis services such as STEP-VA. The Sequential Intercept model (below) demonstrates different points at which people with behavioral health disorders and developmental disabilities can enter, or be prevented from entering (diverted from), the criminal justice system.



Through STEP-VA and Medicaid Enhancements key structures being developed at the state level are:

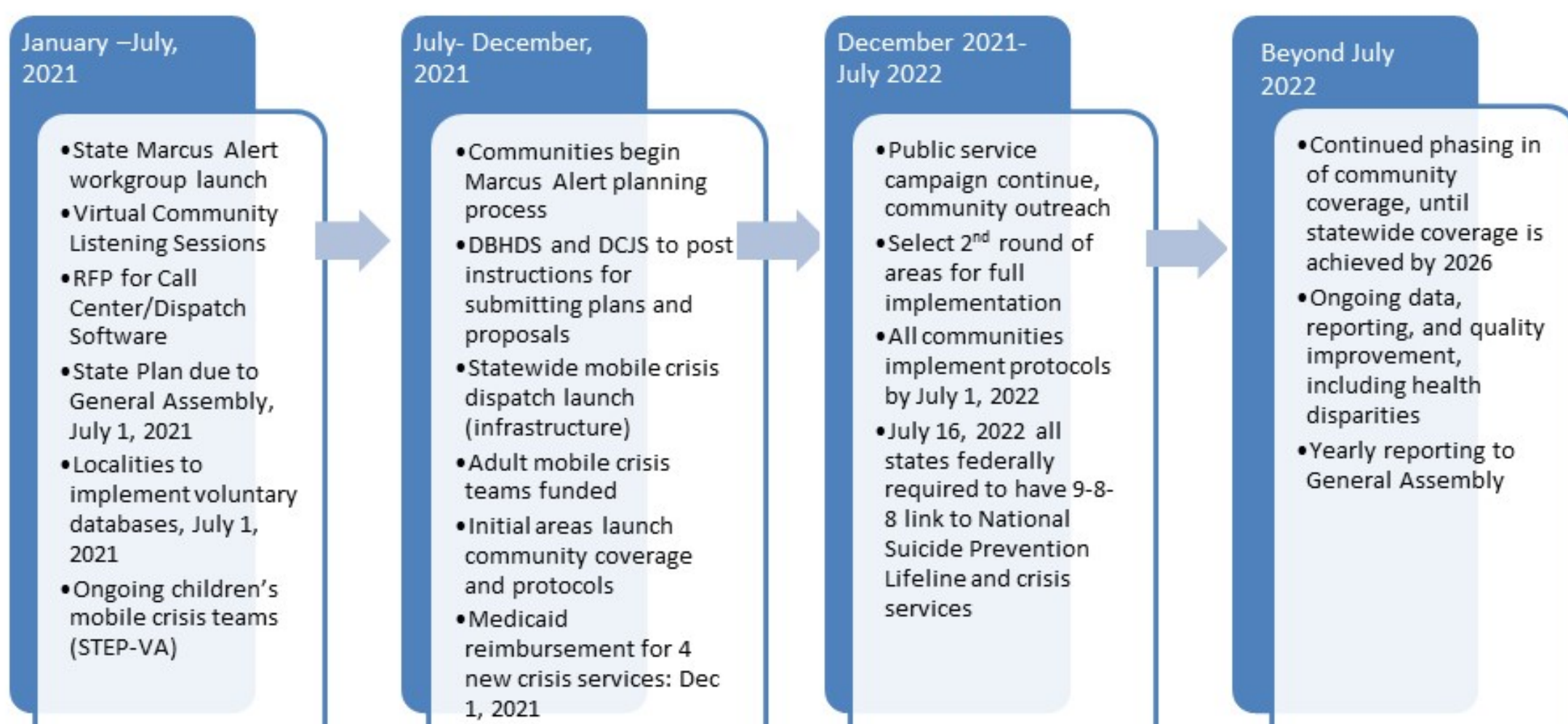
1. a software platform for phone response (de-escalation, connection to services) and mobile crisis dispatch
2. four reimbursement rates to be added to the Medicaid state plan December, 2021
3. statewide mobile crisis training curriculum for all providers to be dispatched from hubs
4. Statewide coverage by mobile crisis teams

These current and ongoing investments align with the Crisis Now model. Learn more at www.crisisnow.com



It is essential that resources, priorities, and timelines are aligned between these initiatives, to ensure that Virginia's behavioral health emergency response is robust, coordinated, health-focused, and equitable.

CRISIS SYSTEM TRANSFORMATION TIMELINE



We are pleased to first partner with:

- 1: Orange, Madison, Culpeper, Fauquier, and Rappahannock Counties (Rappahannock-Rapidan Community Services)
- 2: Prince William County (Prince William County Community Services)
- 3: City of Bristol and Washington County including the towns of Abingdon, Damascus, and Glade Spring (Highlands CSB)
- 4: City of Richmond (Richmond Behavioral Health Authority)
- 5: City of Virginia Beach (Virginia Beach Human Services)