

Marcus

Vital Points Questions

Administrative processes, such as notifications of ECO issuance, or local partner outreach for emergency consultation/evaluations, will continue to be referred to the local CSB Emergency Services Department (current practice), and not transferred to The Crisis Call Center. (Local partners include medical providers, hospitals, jails, or other CSBs.) Transient symptoms such as interpersonal conflict, anger, distress, frustrations with others, agitation, and confusion are common presentations handled by PSAPs and Crisis Call Centers on a routine basis. Those elements will not be primary indicators of how any given call will be triaged, but will instead be noted and considered for final disposition as the PSAP/Call Center seek to determine the underlying issue present and in need of response.

Marcus Triage Level Determination

Triage Level 4

Is this a domestic violence call?

Go to Card **Triage Level 4**

Are there weapons present?

Go to Card **Triage Level 4**

Is the caller exhibiting violent suicidal behavior?

Go to Card **Triage Level 4**

Is there substance impairment w/ physical aggression or severe psychiatric instability?

Go to Card **Triage Level 4**

Have they injured themselves or others?

Go to Card **Triage Level 4**

Triage Level 3

Acting aggressive/combative

Go to Card **Triage Level 3**

Incoherent/out of touch with reality

Go to Card **Triage Level 3**

Thoughts about harming themselves or others with or without plan or means?

Go to Card **Triage Level 3**

Have they injured themselves or others?

Go to Card **Triage Level 3**

Triage Level 2

Suicidal thoughts with no means

Vital Points Questions

Go to Card **Triage Level 2**

Non violent person experiencing psychosis or altered mental state

Go to Card **Triage Level 2**

Lack of self care

Go to Card **Triage Level 2**

Substance abuse without aggression

Go to Card **Triage Level 2**

Second party calls concerning the welfare of someone who has a known/potential non-violent mental health history, or who may be suffering non-violent mental health crisis.

Go to Card **Triage Level 2**

Triage Level 1

Non violent verbal disputes/disturbances with mental health aspect

Go to Card **Triage Level 1**

Experiencing a non life threatening mental health issue

Go to Card **Triage Level 1**

Does anyone involved have a know mental health diagnoses

Go to Card **Triage Level 1**

Would you like to speak with a mental health professional?

Go to Card **Triage Level 1**

Have need for supports, listening, and provision of referrals and information for resources.

Go to Card **Triage Level 1**

Parental assist with non violent child?

Go to Card **Triage Level 1**

MLevel4

Vital Points Questions

Marcus Alert Triage Level 4

(LAW ENFORCEMENT/EMS/FIRE RESPONSE ONLY.)

- > Obtain all appropriate information for dispatch including but not limited to name, address, phone number, weapons, injuries, alcohol or drug involvement etc.
- > All FMP's and or emergency health information needs to be checked on all calls. This will ensure any responder safety.
- > Dispatch appropriate Law enforcement agency and EMS agency.
- > Scene will be secured by LEO.
- > The dispatcher contacts The MARCUS Deputy on duty for co-responder team **ONLY** at the request of an incident commander or LEO on scene for support/intervention after the scene is secure.

Examples may include (but not be limited to):

- Direct immediate threat to life.

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- Active suicide attempt where injuries have already occurred or a situation where suicide is imminent (when intent, plan, and means to commit are present)
- Actively assaultive violent towards others, or themselves, with the ability to cause significant harm.
- Homicidal/suicidal threats/intent and a weapon is present or easily accessible.
- Substance impairment with physical aggression or severe psychiatric instability.
- In progress criminal activity.
- Domestic violence incidents.

MLevel3

Vital Points Questions

Marcus Alert Triage Level 3

(INCIDENTS REQUIRING LAW ENFORCEMENT/EMS RESPONSE. CRISIS CALL CENTER MAY BE CONTACTED/CONSULTED TO POTENTIALLY HELP DEFUSE THE SITUATION AND DETERMINE IF A C0-RESPONSE UNIT IS APPROPRIATE.)

- > Obtain all appropriate information for dispatch including but not limited to name, address, phone number, weapons, injuries, alcohol or drug involvement etc.
- > All FMP's and or emergency health information needs to be checked on all calls. This will ensure any responder safety.
- > Dispatch appropriate Law enforcement agency and EMS agency.
- > If it is deemed The Call Center would be beneficial in defusing the situation transfer the call to The Call Center. The calls that are transferred will always be a warm transfer, meaning that the dispatcher will take all initial information following protocol of a level 1 or 2 and they will transfer the call to The Call Center staying on the line ensuring that all information is gotten by the call center call taker. (Name, address, phone number and brief overview of the call.) Any additional information obtained prior to the transfer needs to be relayed to the call center call taker.
- > Stay on the line to ensure that the call was received.

Examples may include (but not limited to):

- Active aggression/combativeness.

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- Active psychosis.
- Homicidal thoughts with **no** active behavior or intent or access to means.
- Active self-injurious behavior with concerns for medical risks (i.e., self-cutting)
- Suicidal thoughts with a specified plan (may or may not include access to the means).
- Service of Emergency Commitment Orders by trained but non-Marcus Alert Law Enforcement personnel with continued access to CITAC for handoff and intervention (The Call Center to be consulted only at the request of the serving officers. If co-response team is dispatched by The Call Center, they are only there as support on scene for behavioral de-escalation).
- Calls which may meet the criteria of Level 2 but may be occurring in a location that presents physical hazards for response by only a mobile crisis team. Calls which may meet the criteria of Level 2 but may be occurring in a location that presents physical hazards for response by only a mobile crisis team. In such settings, elevating to a Level 3 for co-response team dispatch may be warranted to help control safety within the surrounding environment.

MLevel2

Vital Points Questions

Marcus Alert Triage Level 2

(INCIDENTS THAT MAY BE APPROPRIATE FOR THE CALL CENTER AND A MOBILE CRISIS TEAM RESPONSE)

911 to remain on the line until Crisis Call Center transfer confirmed

- > The calls that are transferred will always be a warm transfer, meaning that the dispatcher will take all initial information and if a level 1 or 2 they will transfer the call to The Call Center staying on the line ensuring that all information is gotten by the Call Center call taker. (Name, address, phone number and brief overview of the call.)
- > Any additional information obtained prior to the transfer needs to be relayed to the Call Center call taker.
- > Staff at the call center will be dispatching the mobile crisis teams.
- > All FMP's and or emergency health information needs to be checked on all calls. This will ensure any responder safety.
- > Stay on the line to ensure that the call was received and then disconnect.

Examples may include (but not limited to):

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- Distressed, angry, agitated individuals with imminent need for in-person behavioral health support.
- Calls requesting law enforcement response due to a person experiencing a psychosis or altered mental state and are **NOT physically violent** towards themselves or others.
- No homicidal thoughts, intent, or behavior.
- Suicidal thoughts with no intent, plan or means/opportunity to carry out.
- Minor self-injurious behavior requiring no immediate medical intervention (an example would be someone not eating or taking their medicines, or lack of self-care). This **does not include physical self-injury**.
- Substance abuse without aggression.
- Third party calls (known or unknown to the consumer) concerning the welfare of someone who has a potential non-violent mental health history, or who may be suffering a non-violent mental health crisis.

MLevel1

Vital Points Questions

Marcus Alert Triage Level 1

(INCIDENTS APPROPRIATE FOR CRISIS CALL CENTER PHONE INTERVENTION)

911 to remain on the line until Crisis Call Center transfer confirmed

- > The calls that are transferred will always be a warm transfer, meaning that the dispatcher will take all initial information and if a level 1 or 2 they will transfer the call to The Call Center staying on the line ensuring that all information is gotten by The Call Center call taker. (Name, address, phone number and brief overview of the call.)
- > Any additional information obtained prior to the transfer needs to be relayed to the Call Center call taker.
- > Staff at the Call Center will be dispatching the mobile crisis teams.
- > All FMP's and or emergency health information needs to be checked on all calls. This will ensure any responder safety.
- > Stay on the line to ensure that the call was received and then disconnect.

Examples may include (but not limited to):

- Individuals experiencing a non-life-threatening Mental Health Crisis.
- Individuals who have expressed a desire not to live or has passive desires to harm oneself with no plan/means or opportunity to carry out. Individual is **NOT** actively attempting suicide or physically violent toward themselves or others.

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- Individual has **NO** homicidal/suicidal thoughts, intent, or behavior. Passive desires to harm oneself (or not be alive) with no plan/means or opportunity to carry out.
- Interpersonal conflicts, expressions of anger, or disturbances with a mental health component and there is no threat, means, or opportunity of violence.
- Individuals who are confused, agitated, or expressing anger in general, not necessarily towards someone else.
- Low level acts of violence that do not pose a risk of injury to self or others, i.e. a child throwing objects at someone else, or mild pushing of another.
- Parents requesting law enforcement due to a child having **non-violent** behavioral issues, regardless of whether the child has a known mental health diagnosis.
- Repeat callers with known **non-violent** mental health history.
- Needs for listening, support and provision of referrals and information for resources.
- Connection to local CSB for same day access or to provider of choice in the community.