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SENATE BILL NO. 513

Senate Amendments in [] - February 3, 2026

A BILL to amend and reenact § 37.2-311.1 of the Code of Virginia, relating to comprehensive crisis system; Marcus alert system; powers and duties of the Department of Behavioral Health and Developmental Services related to comprehensive mental health, substance abuse, and developmental disability crisis services; written plan.

Patron Prior to Engrossment—Senator Deeds

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:**1. That § 37.2-311.1 of the Code of Virginia is amended and reenacted as follows:****§ 37.2-311.1. Comprehensive crisis system; Marcus alert system; powers and duties of the Department related to comprehensive mental health, substance abuse, and developmental disability crisis services.**

A. As used in this section and §§ 37.2-311.2 through 37.2-311.6, unless the context requires a different meaning:

"Community care team" means a team of mental health service providers, and may include registered peer recovery specialists and law-enforcement officers as a team, with the mental health service providers leading such team, to help stabilize individuals in crisis situations. Law enforcement may provide backup support as needed to a community care team in accordance with the protocols and best practices developed pursuant to § 9.1-193. In addition to serving as a co-response unit, community care teams may, at the discretion of the employing locality, engage in community mental health awareness and services.

"Comprehensive crisis system" means the continuum of care established by the Department of Behavioral Health and Developmental Services pursuant to this section.

"Crisis call center" means a call center that provides crisis intervention that meets NSPL standards for risk assessment and engagement and the requirements of § 37.2-311.2.

"Crisis stabilization center" means a facility providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, nonhospital environment.

"Fund" means the Crisis Call Center Fund established under § 37.2-311.4.

"Historically economically disadvantaged community" means the same as that term is defined in § 56-576.

"Mental health awareness response and community understanding services alert system" or "Marcus alert system" means a set of protocols to (i) initiate a behavioral health response to a behavioral health crisis, including for individuals experiencing a behavioral health crisis secondary to mental illness, substance abuse, developmental disabilities, or any combination thereof; (ii) divert such individuals to the behavioral health or developmental services system whenever feasible; and (iii) facilitate a specialized response in accordance with § 9.1-193 when diversion is not feasible.

"Mobile crisis response" means the provision of professional, same-day intervention for children or adults who are experiencing crises and whose behaviors are consistent with mental illness or substance abuse, or both, including individuals experiencing a behavioral health crisis that is secondary to mental illness, substance abuse, developmental or intellectual disability, brain injury, or any combination thereof. "Mobile crisis response" may be provided by a community care team or a mobile crisis team, and a locality may establish either or both types of teams to best meet its needs.

"Mobile crisis team" means a team of one or more qualified or licensed mental health professionals and may include a registered peer recovery specialist or a family support partner. A law-enforcement officer shall not be a member of a mobile crisis team, but law enforcement may provide backup support as needed to a mobile crisis team in accordance with the protocols and best practices developed pursuant to § 9.1-193.

"NSPL" or "National Suicide Prevention Lifeline" means the national suicide prevention and mental health crisis hotline established by the federal government in accordance with 42 U.S.C. § 290bb—36c to provide a national network of crisis centers linked by a toll-free number to route callers in suicidal crisis or emotional distress to the closest certified local crisis center.

"NSPL Administrator" means the entity designated by the federal government to administer the NSPL.

"Registered peer recovery specialist" means the same as such term is defined in § 54.1-3500.

"SAMHSA" or "Substance Abuse and Mental Health Services Administration" means the agency within the U.S. Department of Health and Human Services that leads federal behavioral health efforts.

B. The Department shall have the following duties and responsibilities for the provision of crisis services and support for individuals with mental illness, substance abuse, developmental or intellectual disabilities, or

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59 brain injury who are experiencing a crisis related to mental health, substance abuse, or behavioral support
60 needs:

61 1. The Department shall develop a comprehensive crisis system, with such funds as may be appropriated
62 for such purpose, based on national best practice models and composed of a crisis call center, community
63 care and mobile crisis teams, crisis stabilization centers, and the Marcus alert system. In addition to all
64 requirements under this section, the crisis call center shall meet the requirements of § 37.2-311.2.

65 2. By July 1, 2021, the Department, in collaboration with the Department of Criminal Justice Services and
66 law-enforcement, mental health, behavioral health, developmental services, emergency management, brain
67 injury, and racial equity stakeholders, shall develop a written plan for the development of a Marcus alert
68 system. Such plan shall (i) inventory past and current crisis intervention teams established pursuant to Article
69 13 (§ 9.1-187 et seq.) of Chapter 1 of Title 9.1 throughout the Commonwealth that have received state
70 funding; (ii) inventory the existence, status, and experiences of community services board mobile crisis teams
71 and crisis stabilization units; (iii) identify any other existing cooperative relationships between community
72 services boards and law-enforcement agencies; (iv) review the prevalence of crisis situations involving
73 mental illness or substance abuse, or both, including individuals experiencing a behavioral health crisis that is
74 secondary to mental illness, substance abuse, developmental or intellectual disability, brain injury, or any
75 combination thereof; (v) identify state and local funding of emergency and crisis services; (vi) include
76 protocols to divert calls from the 9-1-1 dispatch and response system to a crisis call center for risk assessment
77 and engagement, including assessment for mobile crisis or community care team dispatch; (vii) include
78 protocols for local law-enforcement agencies to enter into memorandums of agreement with mobile crisis
79 response providers regarding requests for law-enforcement backup during a mobile crisis or community care
80 team response; (viii) develop minimum standards, best practices, and a system for the review and approval of
81 protocols for law-enforcement participation in the Marcus alert system set forth in § 9.1-193; (ix) assign
82 specific responsibilities, duties, and authorities among responsible state and local entities; and (x) assess the
83 effectiveness of a locality's or area's plan for community involvement, including engaging with and providing
84 services to historically economically disadvantaged communities, training, and therapeutic response
85 alternatives.

86 3. *The Department, in collaboration with the Department of Criminal Justice Services, may amend the*
87 *written plan created pursuant to subdivision 2 after the publication of such written plan, provided that (i) the*
88 *stakeholders listed in subdivision 2 are consulted during the development of any new language to be added to*
89 *such written plan and (ii) a public comment period of no less than 30 days is held prior to the finalization of*
90 *such written plan. [The written plan shall serve as the operational framework for relevant components of the*
91 *comprehensive crisis system and the Marcus alert system. State agencies and local implementing partners*
92 *shall align their policies, procedures, and operations on an ongoing basis with the requirements and*
93 *guidance set forth in the written plan, as amended.]*

94 C. 1. No later than December 1, 2021, the Department shall establish five Marcus alert programs and
95 community care or mobile crisis teams, one located in each of the five Department regions.

96 2. No later than July 1, 2023, the Department shall establish five additional Marcus alert system programs
97 and community care or mobile crisis teams, one located in each of the five Department regions. Community
98 services boards or behavioral health authorities that serve the largest populations in each region, excluding
99 those community services boards or behavioral health authorities already selected under subdivision 1, shall
100 be selected for programs under this subdivision.

101 3. The Department shall establish additional Marcus alert systems and community care teams in
102 geographical areas served by a community services board or behavioral health authority by July 1, 2024; July
103 1, 2025; and July 1, 2026. No later than July 1, 2028, all community services board and behavioral health
104 authority geographical areas shall have established a Marcus alert system that uses a community care or
105 mobile crisis team.

106 4. All community care teams and mobile crisis teams established under this section shall meet the
107 standards set forth in § 37.2-311.3.

108 D. The Department shall report annually by November 15 to the Governor and the Chairmen of the House
109 Committees for Courts of Justice and on Health and Human Services, the Senate Committees for Courts of
110 Justice and on Education and Health, and the Behavioral Health Commission regarding the comprehensive
111 crisis system and the effectiveness of such system in meeting the goals set forth in this section. The report
112 shall include, for the previous calendar year, (i) a description of approved local Marcus alert programs in the
113 Commonwealth, including the number of such programs operating in the Commonwealth, the number of such
114 programs added in the previous calendar year, and an analysis of how such programs work to connect the
115 Commonwealth's comprehensive crisis system and mobile crisis response programs; (ii) the number of calls
116 received by the crisis call center established pursuant to this section; (iii) the number of mobile crisis
117 responses undertaken by community care teams and mobile crisis teams in the Commonwealth; (iv) the
118 number of mobile crisis responses that involved law-enforcement backup; (v) the number of crisis incidents
119 and injuries to any parties involved; (vi) an analysis of the overall operation of any local protocols adopted or
120 programs established pursuant to § 9.1-193, including any disparities in response and outcomes by race and

121 ethnicity of individuals experiencing a behavioral health crisis and recommendations for improvement of the
122 programs; (vii) a description of the overall function of the Marcus alert program and the comprehensive crisis
123 system, including a description of any successes and any challenges encountered; and (viii) recommendations
124 for improvement of the Marcus alert system and approved local Marcus alert programs. The report shall also
125 include (a) a description of barriers to establishment of a local Marcus alert program and community care or
126 mobile crisis team to provide mobile crisis response in each geographical area served by a community
127 services board or behavioral health authority in which such program and team has not been established and
128 (b) a plan for addressing such barriers in order to increase the number of local Marcus alert programs and
129 community care or mobile crisis teams. The Department of Criminal Justice Services shall assist the
130 Department in the preparation of the report required by this subsection.

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