

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 37.2-311.1 of the Code of Virginia, relating to Marcus Alert Evaluation Task*
 3 *Force creation.*

4 [H 225]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**7 **1. That § 37.2-311.1 of the Code of Virginia is amended and reenacted as follows:**8 **§ 37.2-311.1. Comprehensive crisis system; Marcus alert system; powers and duties of the**
 9 **Department related to comprehensive mental health, substance abuse, and developmental disability**
 10 **crisis services.**11 A. As used in this section and §§ 37.2-311.2 through 37.2-311.6, unless the context requires a different
 12 meaning:13 "Community care team" means a team of mental health service providers, and may include registered peer
 14 recovery specialists and law-enforcement officers as a team, with the mental health service providers leading
 15 such team, to help stabilize individuals in crisis situations. Law enforcement may provide backup support as
 16 needed to a community care team in accordance with the protocols and best practices developed pursuant to
 17 § 9.1-193. In addition to serving as a co-response unit, community care teams may, at the discretion of the
 18 employing locality, engage in community mental health awareness and services.19 "Comprehensive crisis system" means the continuum of care established by the Department of Behavioral
 20 Health and Developmental Services pursuant to this section.21 "Crisis call center" means a call center that provides crisis intervention that meets NSPL standards for risk
 22 assessment and engagement and the requirements of § 37.2-311.2.23 "Crisis stabilization center" means a facility providing short-term (under 24 hours) observation and crisis
 24 stabilization services to all referrals in a home-like, nonhospital environment.

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

26 "Historically economically disadvantaged community" means the same as that term is defined in
 27 § 56-576.28 "Mental health awareness response and community understanding services alert system" or "Marcus alert
 29 system" means a set of protocols to (i) initiate a behavioral health response to a behavioral health crisis,
 30 including for individuals experiencing a behavioral health crisis secondary to mental illness, substance abuse,
 31 developmental disabilities, or any combination thereof; (ii) divert such individuals to the behavioral health or
 32 developmental services system whenever feasible; and (iii) facilitate a specialized response in accordance
 33 with § 9.1-193 when diversion is not feasible.34 "Mobile crisis response" means the provision of professional, same-day intervention for children or adults
 35 who are experiencing crises and whose behaviors are consistent with mental illness or substance abuse, or
 36 both, including individuals experiencing a behavioral health crisis that is secondary to mental illness,
 37 substance abuse, developmental or intellectual disability, brain injury, or any combination thereof. "Mobile
 38 crisis response" may be provided by a community care team or a mobile crisis team, and a locality may
 39 establish either or both types of teams to best meet its needs.40 "Mobile crisis team" means a team of one or more qualified or licensed mental health professionals and
 41 may include a registered peer recovery specialist or a family support partner. A law-enforcement officer shall
 42 not be a member of a mobile crisis team, but law enforcement may provide backup support as needed to a
 43 mobile crisis team in accordance with the protocols and best practices developed pursuant to § 9.1-193.44 "NSPL" or "National Suicide Prevention Lifeline" means the national suicide prevention and mental
 45 health crisis hotline established by the federal government in accordance with 42 U.S.C. § 290bb—36c to
 46 provide a national network of crisis centers linked by a toll-free number to route callers in suicidal crisis or
 47 emotional distress to the closest certified local crisis center.

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

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

50 "SAMHSA" or "Substance Abuse and Mental Health Services Administration" means the agency within
 51 the U.S. Department of Health and Human Services that leads federal behavioral health efforts.52 B. The Department shall have the following duties and responsibilities for the provision of crisis services
 53 and support for individuals with mental illness, substance abuse, developmental or intellectual disabilities, or
 54 brain injury who are experiencing a crisis related to mental health, substance abuse, or behavioral support
 55 needs:

56 1. The Department shall develop a comprehensive crisis system, with such funds as may be appropriated

57 for such purpose, based on national best practice models and composed of a crisis call center, community
 58 care and mobile crisis teams, crisis stabilization centers, and the Marcus alert system. In addition to all
 59 requirements under this section, the crisis call center shall meet the requirements of § 37.2-311.2.

60 2. By July 1, 2021, the Department, in collaboration with the Department of Criminal Justice Services and
 61 law-enforcement, mental health, behavioral health, developmental services, emergency management, brain
 62 injury, and racial equity stakeholders, shall develop a written plan for the development of a Marcus alert
 63 system. Such plan shall (i) inventory past and current crisis intervention teams established pursuant to Article
 64 13 (§ 9.1-187 et seq.) of Chapter 1 of Title 9.1 throughout the Commonwealth that have received state
 65 funding; (ii) inventory the existence, status, and experiences of community services board mobile crisis teams
 66 and crisis stabilization units; (iii) identify any other existing cooperative relationships between community
 67 services boards and law-enforcement agencies; (iv) review the prevalence of crisis situations involving
 68 mental illness or substance abuse, or both, including individuals experiencing a behavioral health crisis that is
 69 secondary to mental illness, substance abuse, developmental or intellectual disability, brain injury, or any
 70 combination thereof; (v) identify state and local funding of emergency and crisis services; (vi) include
 71 protocols to divert calls from the 9-1-1 dispatch and response system to a crisis call center for risk assessment
 72 and engagement, including assessment for mobile crisis or community care team dispatch; (vii) include
 73 protocols for local law-enforcement agencies to enter into memorandums of agreement with mobile crisis
 74 response providers regarding requests for law-enforcement backup during a mobile crisis or community care
 75 team response; (viii) develop minimum standards, best practices, and a system for the review and approval of
 76 protocols for law-enforcement participation in the Marcus alert system set forth in § 9.1-193; (ix) assign
 77 specific responsibilities, duties, and authorities among responsible state and local entities; and (x) assess the
 78 effectiveness of a locality's or area's plan for community involvement, including engaging with and providing
 79 services to historically economically disadvantaged communities, training, and therapeutic response
 80 alternatives.

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

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

88 3. The Department shall establish additional Marcus alert systems and community care teams in
 89 geographical areas served by a community services board or behavioral health authority by July 1, 2024; July
 90 1, 2025; and July 1, 2026. No later than July 1, 2028, all community services board and behavioral health
 91 authority geographical areas shall have established a Marcus alert system that uses a community care or
 92 mobile crisis team.

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

95 D. *The Department shall convene a Marcus Alert Evaluation Task Force, as described in the written plan*
 96 *developed pursuant to subdivision B 2, at least semi-annually. Staffing support for such Task Force shall be*
 97 *provided by the Department. Notwithstanding the written plan developed pursuant to subdivision B 2, the*
 98 *Department shall have the authority to adjust and update the Task Force membership.*

99 E. The Department, in collaboration with the Marcus Alert Evaluation Task Force, shall report annually
 100 by November 15 to the Governor and the ~~Chairmen~~ Chairs of the House Committees for Courts of Justice
 101 and on Health and Human Services, the Senate Committees for Courts of Justice and on Education and
 102 Health, and the Behavioral Health Commission regarding the comprehensive crisis system and the
 103 effectiveness of such system in meeting the goals set forth in this section. The report shall include, for the
 104 previous calendar year, (i) a description of approved local Marcus alert programs in the Commonwealth,
 105 including the number of such programs operating in the Commonwealth, the number of such programs added
 106 in the previous calendar year, and an analysis of how such programs work to connect the Commonwealth's
 107 comprehensive crisis system and mobile crisis response programs; (ii) the number of calls received by the
 108 crisis call center established pursuant to this section; (iii) the number of mobile crisis responses undertaken
 109 by community care teams and mobile crisis teams in the Commonwealth; (iv) the number of mobile crisis
 110 responses that involved law-enforcement backup; (v) the number of crisis incidents and injuries to any parties
 111 involved; (vi) an analysis of the overall operation of any local protocols adopted or programs established
 112 pursuant to § 9.1-193, including any disparities in response and outcomes by race and ethnicity of individuals
 113 experiencing a behavioral health crisis and recommendations for improvement of the programs; (vii) a
 114 description of the overall function of the Marcus alert program and the comprehensive crisis system,
 115 including a description of any successes and any challenges encountered; and (viii) recommendations for
 116 improvement of the Marcus alert system and approved local Marcus alert programs. The report shall also
 117 include (a) a description of barriers to establishment of a local Marcus alert program and community care or
 118 mobile crisis team to provide mobile crisis response in each geographical area served by a community

119 services board or behavioral health authority in which such program and team has not been established and
120 (b) a plan for addressing such barriers in order to increase the number of local Marcus alert programs and
121 community care or mobile crisis teams. The Department of Criminal Justice Services shall assist the
122 Department in the preparation of the report required by this subsection.

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