### Mental Health Outreach

Institute for Regional Excellence (IRE)

Human Services Policy Committee May 12, 2023



THE GEORGE WASHINGTON UNIVERSITY

We are participants in the Council of Governments (COG) Regional Executive Development Program. The purpose of our project is to improve outreach to and engagement with underrepresented and marginalized communities through the dissemination of mental health resource information.



**Daud Harris**Fairfax County



Helen Lee City of Alexandria



Robert Love
City of Laurel



Gurjit Chima Arlington County



Shantee Jackson

Montgomery

County



Josh Lee Prince William County



Bart Stromer
Prince William
County

## Interviewees

#### **Jurisdictions**

- City of Alexandria 3-1-1
- City of Alexandria DCHS and MARCUS Alert coordinator
- Fairfax County Falls Church Community Service Board
- Fairfax County Police Department Crisis Intervention Team
- Prince George's County Local Behavioral Health Authority
- Prince William County Department of Social Services
- Prince William County Community Services, Community Services- Youth
- District of Columbia Behavioral Health
- Arlington County Police Department and Department of Human Resources.
- Laurel Helping Hands
- Laurel Police Department
- Montgomery County Local Behavioral Health Authority

#### Non-Profits & Other Regional Partners

- REACH (Regional, Education, Assessment, Crisis Services, Habilitation)
- Community Regional Crisis Response (CR2)
- Crisis Diversion Programs for Region
- Trillium Center Inc.
- Healing Youth Alliance
- Laurel Advocacy & Referral Services (LARS)
- Marriage and Family Therapy Solutions
- Improving Outcomes, LLC
  - The Vine Church

## Interview Trends

 Mental health resources abound but access to them is limited by transportation concerns, the inability to take time off from work, childcare issues and lack of medical insurance

 Insufficient outreach (number of staff with non-English language skills and overall number of staff) to patients regarding available resources

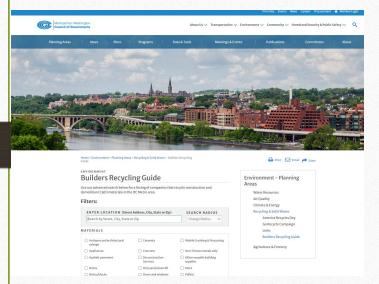
# Interview Trends Continued

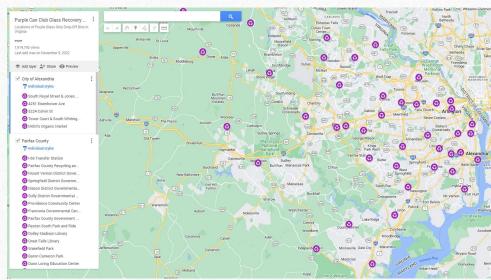
- Significant barriers to mental health outreach exist including the following:
  - Language barriers-Ineffective language lines and lack of non-English speaking therapists
  - Cultural barriers-Fear of government, fear of family separation, fear of deportation, stigmas associated with getting help, reliance on prayer alone
  - Lack of effective communication down the chain from non-profit executives to front-line staff such as police officers, dispatch staff, EMS staff and nurses
  - Recruitment challenges and lack of potential staff "pipeline"

### Recommended Solutions from Interviewees

- More accessibility-there is no "wrong door"
- The creation of an application that provides all mental health information/resources for the region
- The creation of a **digital card, QR Code,** or informational **"cheat sheet"** as a quick resource that can be used when mental health issues arise unexpected during a conversation
- Communicating **one regional message** to allow for easier navigation to mental health resources for DC, MD and VA residents.
- Establishing a regional 9-8-8 call crisis center
- Obtaining frontline involvement
- Increased funding for community-based agencies that provide low to no-cost service
- Incentivizing recruitment of Spanish-speaking therapists through educational grants and scholarships
- Advocating to improve mental health laws
- Increasing availability of hospital beds to treat patients in behavioral health crises

### Short-Term Solution: Regional Map / Directory





**MWCOG** 

Google



## Mid to Long-Term Solution: MARCUS ALERT Implementation

Mental (Health) Awareness Response and Community Understanding Services Alert System ("MARCUS ALERT")

#### WHAT IS MARCUS ALERT?

The Marcus Alert is named after Marcus-David Peters, a young, black biology teacher who was killed by Richmond police in 2018 while having a mental health crisis. The goal of Marcus Alert is to provide a behavioral health response to behavioral health emergencies.

Marcus Alert enhances services for people experiencing a crisis related to mental health, substance use, or developmental disabilities by creating coordination between 911 and regional crisis call centers and establishing a specialized behavioral health response from law enforcement when responding to a behavioral health situation.

## Mid to Long-Term Solution (Continued): MARCUS ALERT

Planning and design: Create a task force to study the current mental health crisis response system and benchmark best practices from other jurisdictions that have implemented the Marcus Alert to guide framework design for the new system.

Training: De-escalation techniques, crisis intervention, and cultural competency training for mental health professionals, law enforcement officers, and dispatcher

Community engagement: Public meetings, community outreach, and media campaigns designed to educate the public on how the ney system works.

Implementation: Updating policies and procedures, acquiring new equipment, and recruitment.

Ongoing maintenance and evaluation: Regular training and re-evaluation of policies and procedures. Costs to be determined by jurisdiction-specific needs.

Involve Behavioral Health As Soon As Possible

Behavioral Health Remote Engagement During Transit If Possible

Assess Need For Medical Attention

#### Level 1 - Routine

#### 911 PSAPS refer to 988 regional call centers

- within 72 hours.
- No homicidal thoughts.

#### Level 2 - Moderate

- Distressed caller with imminent need of inperson behavioral health support
- No homicidal thoughts. intent, or behavior
  - Suicidal thoughts with no plan or no direct access to lethal weapons
  - Minor self-injurious behavior

#### Level 3 - Urgent

- Active aggression
- Florid psychosis · Homicidal thoughts with
- no active behaviors or intent · Active cutting (self-
- injurious behavior) with concern for medical risk Suicidal thoughts with with ability to cause
- plan and access to lethal weapons
- Magistrate-issued emergency custody order(ECO), if available and requested by law enforcement

#### Level 4 - Emergent

#### 911 PSAPS dispatch law enforcement, EMS, and/or fire without delay

- · Direct, immediate threats
- Active suicide attempt Active assault on others
- Any gun present and
- Magistrate issued

## Understanding **MARCUS** ALERT

Triage Framework Questions? Feedback?