

May 2024

Leadership

Kandace Miller

- Licensed Clinical Social Worker (LCSW)
- HCS Crisis Services Department Director
- Over two decades of experience in behavioral health services

D. Byron Ashbrook

- HCS Crisis Intervention Team (CIT) Coordinator
- Over seventeen years in law enforcement (former Chief Deputy)
- FBI National Academy Graduate, session 248

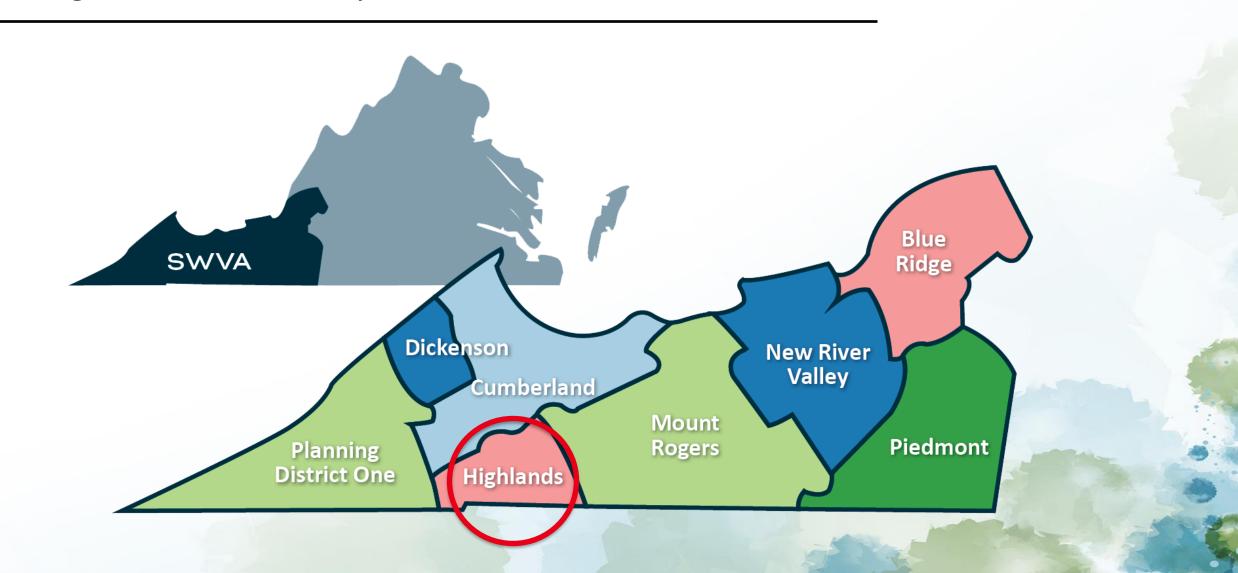
Chris Parks

- Regional Marcus Alert Coordinator, DBHDS Region 3
- Over twenty-four years of law enforcement experience
- Experienced in working with multiple agencies and bringing groups together



CO-RESPO

Highlands Community Services – Catchment Area



Highlands Community Services – Catchment Area

- Located in Southwest Virginia on the Tennessee border
- Comprised of Washington County and the City of Bristol, Virginia
- Approximately 579 square miles geographical size
- Combined population of 71,154 not counting the transient population (2020 Census)



cite: www.visitabingdonva.com



cite: https://digitaledition.chicagotribune.com



cite: www.timesnews.net

HCS Crisis Intervention Team Program (Training)

- Started in 2019 as a joint Crisis Intervention Team (CIT) Training
 Program and Crisis Intervention Team Assessment Center (CITAC).
- CIT Training Program partners with the local law enforcement academy to provide 40 Hour Core and Train the Trainer classes.
- Challenges/Accomplishments
- To date we have trained 287 law enforcement officers, corrections officers, clinicians, and hospital security.
- In our catchment area approximately 25% percent of all officers/clinicians are CIT Trained.





HCS Crisis Intervention Team Program (CITAC)

STAKEHOLDERS

Law Enforcement

- Washington County Sheriff's Office
- City of Bristol Sheriff's Office
- City of Bristol Police Department
- Abingdon Police Department
- Damascus Police Department
- Glade Spring Police Department
- Virginia Highlands Community College
 Police Department
- Emory & Henry College Police Department
- Virginia State Police

Community

- Virginia District 17 Probation and Parole
- Southwest Virginia Regional Jail Authority
- Southwest Virginia Criminal Justice Training Academy
- Ballad Health
- Washington County Virginia
- City of Bristol Virginia
- Town of Abingdon



HCS Crisis Intervention Team Program (Current Status)

- 24-hour coverage 12-hour shifts
- Staffed with Four (4) Deputies, One (1) Sergeant, Four (4) Clinicians
- CITAC Sergeant also oversees CRU Deputies
- Sergeant provides supplemental coverage to CITAC as well as assistance to the 23 Hour Center when needed
- Multi-jurisdictional WCSO / BVSO
- Statistics June 2019 February 2024
- 1,561 Accepted Referrals (996 ECO 565 Voluntary)
- Over 4,600 hours saved to local law enforcement
- CITAC Officers have conducted over 450 Local TDO and Courtesy Transports

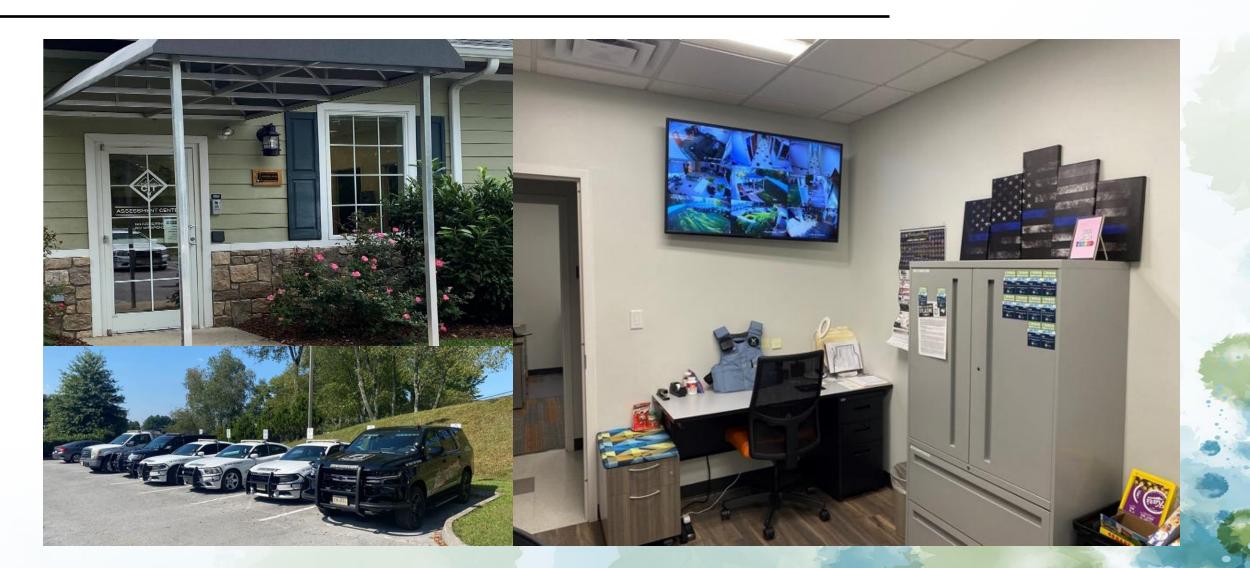
Highlands Community Services Crisis Center



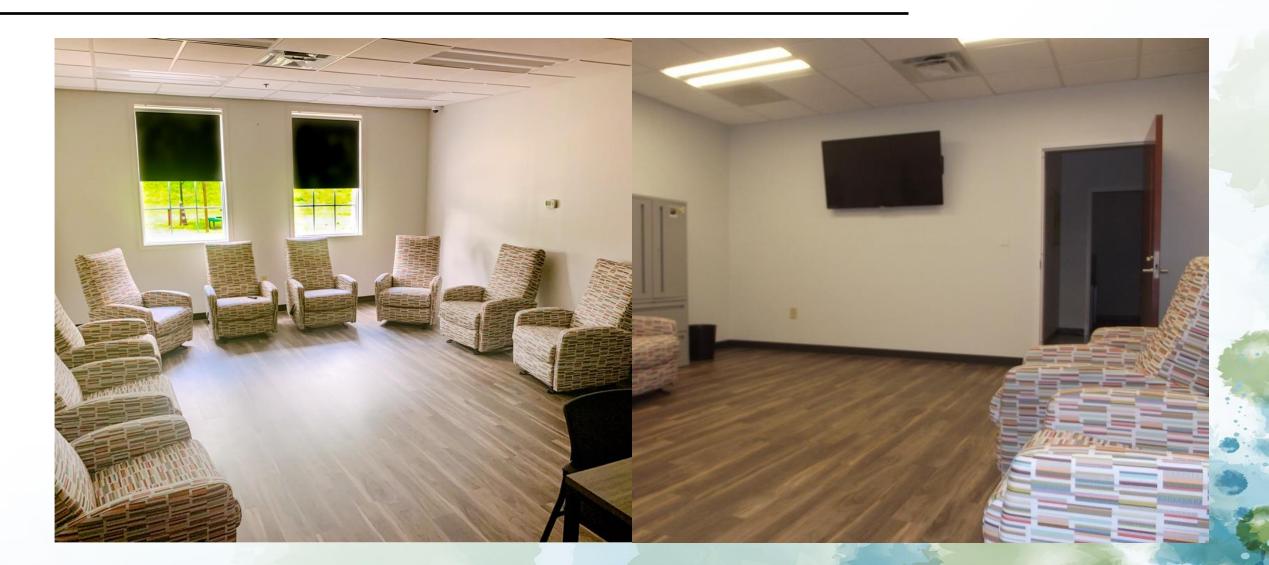
414 Ivy Street Abingdon, VA 24210

- Emergency Services
- 24 Hour CITAC
- 23 Hour Observation (The Anchor)
- CSU (Highlands Harbor)
- Co-Response (Marcus Alert)
- Mobile Crisis

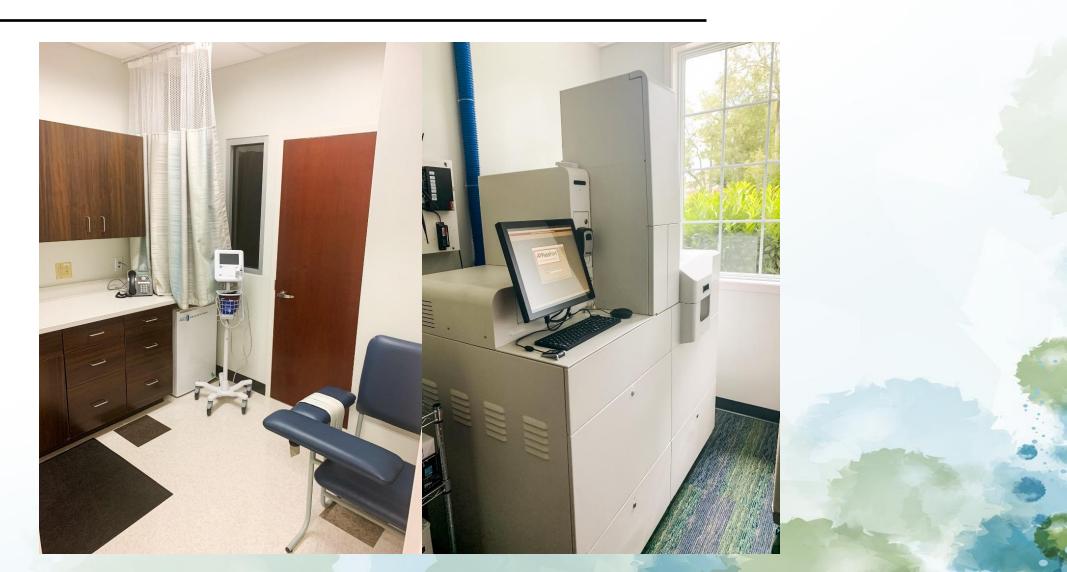
Highlands Community Services Crisis Center



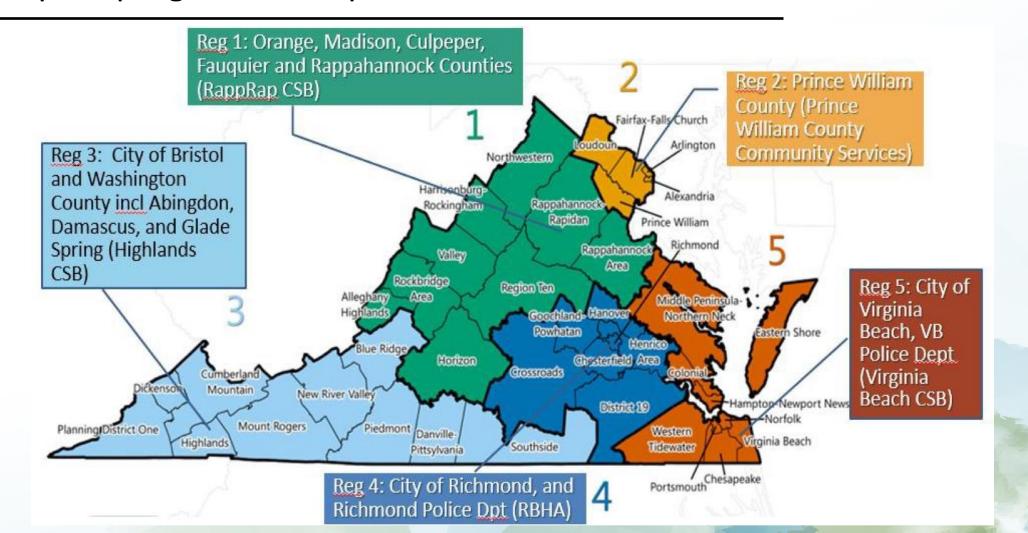
Highlands Community Services Crisis Center



Highlands Community Services Crisis Center



Highlands Community Services was selected to be 1 of 5 pilot programs to implement Marcus Alert



Funding – Staff

- Deputies (2) HCS received special permission from DBHDS to utilize funding for LEOs on the team
- Clinicians (2)
- Registered Peer Support Specialist
- Local Marcus Alert Coordinator (partial)
- Regional Marcus Alert Coordinator (partial)

Funding – Equipment

- Ballistic vests for clinical staff responding with LE
- iPad(s) including cellular service for clinical staff to use in the field and Telehealth purposes.
- Footwear for clinical staff
- Overtime for fill-in staff
- General office equipment and space



Stakeholder Group – Community Buy-In

Obtaining community participation was paramount to the successful launch of the HCS Marcus Alert program. The diverse stakeholder group included but not limited to:

- Crisis Workers
- LBGTQ Members
- Municipal Leaders
- US Marshals Service
- Clergy Members

- Black Community Leaders
- Law Enforcement
- Correctional Officers
- Persons with Lived Experience
- Military Veterans

Stakeholder Group – Community Participation

Chaired by Kyle Sensabaugh – Well respected leader in the black community of Washington County and surrounding area. Assistant Athletic Director at Emory and Henry College.

Vision Statement:

"A culturally competent, person centered and trauma-informed approach to community crisis care"

INVOLVE BEHAVIORAL HEALTH AS SOON AS POSSIBLE

BEHAVIORAL HEALTH REMOTE ENGAGEMENT DURING TRANSIT IF POSSIBLE

ASSESS NEED FOR MEDICAL RESPONSE

EVEL 1 RESPONSE

LEVEL 2 RESPONSE

LEVEL 3 RESPONSE

LEVEL 4 RESPONSE

- 911 PSAPs triage and
- Outreach received via
- crisis is not an option, for routine scheduling or EMS response be

- 911 PSAP refer to 988 regional crisis call centers for triage or call is received directly by crisis call center and triaged for phone or mobile crisis dispatch.
- Outreach received via text or TDY must be processed by the entity receiving (either PSAP or call center), as these are unable to be transferred between entities.
- · First available mobile crisis team is dispatched per regional/local CSB MOA arrangements.
- Calls originating through 911 flags information on transferred calls so that initially is provided to any calls for back-up law enforcement involvement that may escalate or occur later in the situation.
- Response locations that may present safety concerns should be elevated to level 3 and transferred to 911 for co-response dispatch.
- Crisis call center may route some calls to CSB for additional processing if mobile crisis is not an option and if co-response is not indicated.
- 911 will share any known hazards for identified addresses indicated for mobile crisis dispatch.

- 911 PSAPs handle all calls at this level via direct answer or immediate transfer from crisis call center, with call center consult to identify if co-response unit dispatch is appropriate.
- Co-response team is dispatched for situations with potential safety concerns in prohibiting dispatch of mobile crisis teams only. Law enforcement secures scene before co-response unit engages or before handed off to mobile crisis if deemed appropriate.
- · Specialized mobile crisis responses including REACH information gathered for individuals with ID/DD are utilized as appropriate and prioritized due to co-response nature.
 - Upon request by on-scene law enforcement, EMS will repsond to medically evaluate someone in a mental health crisis (Phased Implementation)
 - If co-response team is not available for response, at minimum, a trained clinician via in person or teleservice could still assist in engaging consumer to comply with officers on scene to reduce use of force risk and assist in deescalation.
 - Welfare checks may be appropriate for co-response dispatch. Primary LEA also dispatched and responsible for execution of ECO, if warranted.

- 911 PSAPs dispatch law enforcement, EMS and/ or fire without delay.
- · Law enforcement or EMS approaches the scene to assess and secure.
- 911 dispatches co-responder team ONLY at the request of an once the scene is secure and deemed safe.



Marcus Alert – MOU

A multi-jurisdictional MOU was developed by HCS and the Washington County Sheriff's Office.

Participating localities are:

- Highlands Community Services
- Planning District One
- New River Valley Community Services
- Frontier Health
- County of Washington and Washington County Sheriff's Office
- City of Bristol, Police and Sheriff

- Abingdon Police Department
- Damascus Police Department
- Glade Spring Police Department
- Emory and Henry Police Department
- Virginia Highlands Community
 College Police Department

Marcus Alert – Hiring Process

- Hiring the best clinicians and officers was/is paramount to the success of the program.
- HCS Department Director and staff conducted an extensive search for the right clinicians to be part of the program.
- WCSO administration vetted several applicants and from this pool allowed HCS staff to participate in the interview process for the MA Deputies.

The HCS & Washington County Sheriff's Office Teams



Marcus Alert – Clinician Training

- Drug Identification and Hazard Awareness
- Patrol Vehicle and Equipment/Location
- Officer Gear/Location/Use
- Officer and Clinician Safety/De-escalation, Situational Awareness,
 Pre-attack Indicators
- TCCC (Tactical Combat Casualty Care) and First Aid
- U.S. Constitution
- Firearms Familiarization Pistol/Shotgun/Patrol Rifle
- Police Radio and PSAP Observation
- Pre-Admission Screening Training

Marcus Alert – Deputy Training

• CITAC basic (40) hour course.

CITAC observation and familiarization.

Mental health pre-screening and observation.

 Advanced Marcus Alert Training (once developed by the Virginia Department of Criminal Justice Services).

Deputy and Clinician Training



Marcus Alert – Does the Plan Work?

- Since November 2022, 964 mental health related calls for service have been answered by team members.
- Additionally, 442 of these calls were triaged a Marcus Alert level.
- Overall team members have answered or assisted with 1184 calls.
- In fiscal year 2024 (July '23 to present) team members have spent over 500 hours on MH related calls.
- NO use of force incidents.

Community Outreach

Damascus Trail Days, Wash Co. Fair, VHCC Food Drive, Homeless Backpacks



