

How do you ensure community access to emergency services, including persons experiencing mental health crisis?

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Emergency Communications Center



# Emergency Communications Center

- 9-1-1 Center
- Regional Public Safety Software Systems
- Regional Public Safety Radio System
- Regional Emergency Management Coordination
  - *Emergency Operations Center*

# Who we are?

- Consolidated Center
  - Charlottesville-UVA-Albemarle County
  - Established 1984
  - *One call for Law, Fire, EMS*
- Employees
  - 54 FTE Authorized
  - Specialized skill-sets
  - Ops, IT, admin, custodial

EMERGENCY COMMUNICATIONS CENTER





# WHO WE ARE?

# Public Safety Radio System

- Over 4,000 subscriber radios
- Renewal in-progress



## SITES & COVERAGE

- **Current System: 4 RF Sites**
  - Carter, Fan, Bucks Elbow, Peters
  - Scottsville standalone (4 channels - SVxx)
    - “bolted on”
- **P25 System: 8 RF Sites**
  - Add: NS Charlottesville
    - Downtown
  - Add: Heard Mountain
  - Add: Sugar Loaf Mountain
  - Change: Scottsville = full trunking site (not standalone)
  - 3 “cells” - West, East, Scottsville
- **Paging: Keep existing sites**
  - Bucks Elbow new tower -> New antenna

A server room with several racks of equipment. In the foreground, a group of people are gathered, some looking at the equipment. A woman in a dark blue jacket is holding a walkie-talkie and talking to a man in a grey polo shirt. Other people are visible in the background, some looking at the server racks. The room is filled with server racks, cables, and equipment. A large semi-transparent black box with white text is overlaid on the left side of the image.

# Support Systems

- Management of systems
  - *Implementation, Training, Preventative Maintenance, Upgrades/Renewal/Growth*

# Accessing 9-1-1

- Ways to access 9-1-1: phone, text, video, social media [limited]
- Approximately a Quarter Million Calls per Year
  - Ninety percent (90%) of all 9-1-1 calls arriving at the Public Safety Answering Point (PSAP) SHALL be answered within ( $\leq$ ) fifteen (15) seconds (*NENASTA-020.1-2020, 9-1-1 Call Processing Standard*)

**TEXT—TO—911**

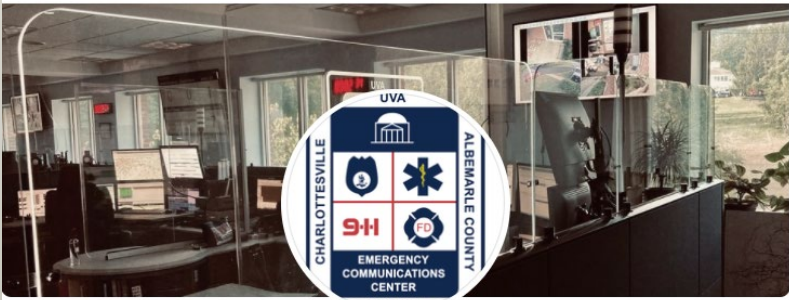
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**CALL if you can.  
TEXT if you can't.**

Charlottesville—UVA—Albemarle



facebook Log In



**Charlottesville, UVA, Albemarle  
County Emergency Communications  
Center**

This site is NOT MONITORED for the reporting of emergencies. If you have an emergency, dial 9-1-1.





# When to call 9-1-1

- 9-1-1 hang-ups / Misdials
- Didn't call but should (when in doubt...)
- Non-emergency number 434-977-9041



# When to call 9-8-8

- FCC Mandate for July 2022
- Mental Health Crisis
- Call or Text
- National Suicide Hotline 800-273-TALK (8255)



# When we contact you?

- Reverse 911 (CodeRed) for Charlottesville and Albemarle County
  - <https://communityemergency.org/>
  - TEXT "BeAlert" TO 99411
- UVA Alerts for the Community
  - TEXT "UVA" TO 226787
- PSAs
  - *Emergency Preparedness Month*
  - *9-1-1 Awareness*
  - *Police, Fire, EMS Weeks*



# How are we changing?

- **New initiatives underway**

- *ESINet - ensuring future access*
- *Carbyne, Pulsepoint, Priority Dispatch*
- *Capital Improvement Project - PS Radio System*
- *Workforce Optimization & Wage Reviews*
- *Space Needs Assessment*
- *Marcus Alert / 9-8-8*

# Marcus Alert

## ■ The Marcus Alert System

The Marcus Alert is named after Marcus-David Peters, a young, Black biology teacher; killed by Richmond police in 2018 amid a mental health crisis. The goal of the Marcus Alert is to provide a behavioral health response to behavioral health emergencies.

## ■ WHAT IS MARCUS ALERT?

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

## STEP- VA

- Requires 9 core services at the 39 CSBs and 1 BHA

## 988 Implementation

## Comprehensive Crisis Continuum

- Crisis Now Model



## DBHDS Department of Justice Settlement Agreement

- Requires DBHDS to enhance Developmental Disability services such as REACH teams

## Marcus Alert

- 3 Protocols that connect PSAPS, LE, and BH
- Makes all 3 entities equal partners

## Psychiatric Hospital Bed Census Crisis

- More behavioral health patients in crisis than hospital beds available
- Requires more community services to treat people earlier and also in the least restrictive setting

GOAL: Design and implement a behavioral health crisis response system analogous to the physical health system.

### Physical Health Emergency



### Behavioral Health Emergency



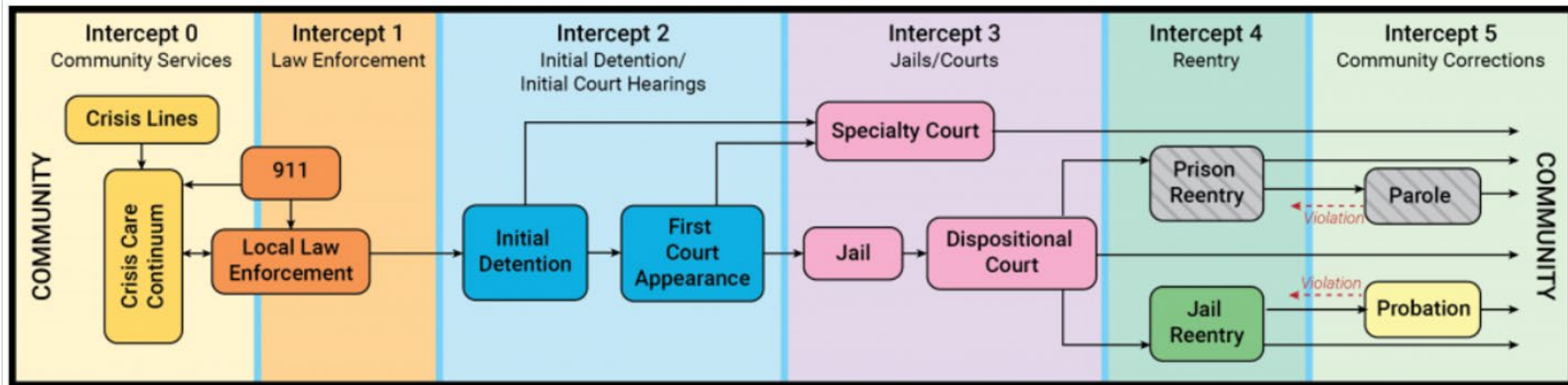
- Approximately 9.5% of American adults ages 18 and over, will suffer from a depressive illness (major depression, bipolar disorder, or dysthymia) each year.

*Mental health disorder statistics.* Johns Hopkins Medicine. (n.d.). Retrieved April 22, 2022, from <https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics>

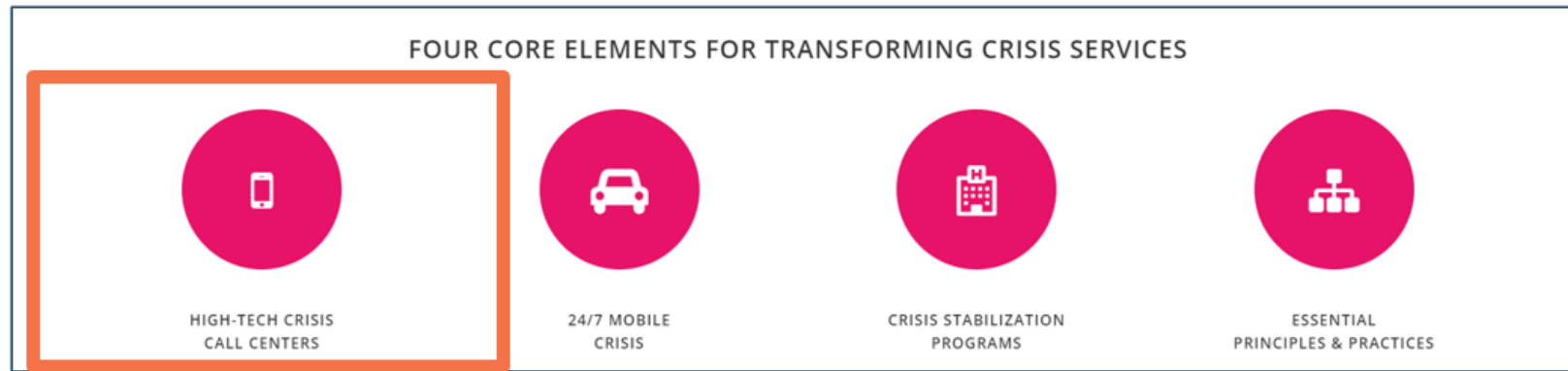
Agnew::Beck |

Image courtesy of <https://www.fairbanksalaska.us/crisis>

- **STEP-VA** is focused on building a robust array of community-based crisis response services
- **Marcus Alert** is at the intersection of Intercepts 0 and 1, seeking to divert individuals needing behavioral health care from the criminal justice system



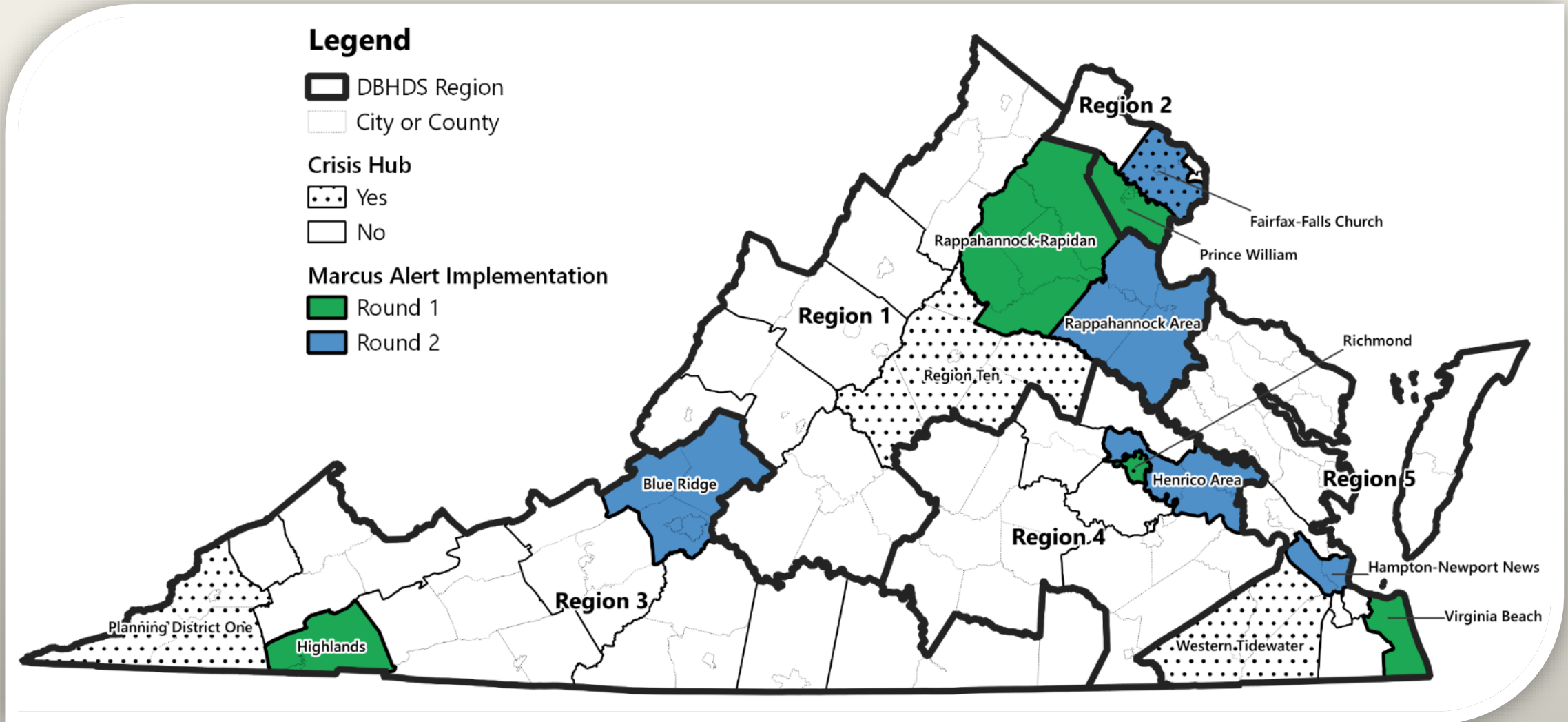
© 2016 Policy Research Associates, Inc.



- Individuals will be able to access the call center via 988 and local numbers, 24/7. There will be a “no wrong door” approach. Existing crisis lines will be integrated, and the Marcus Alert will also be integrated with a 4-level screening.
- The call center will be staffed with an array of professionals, all required to complete a formalized training. These include:
  - Licensed clinicians
  - QMHPs
  - Peers
  - Volunteers
- Each individual will be assessed via Level of Care Assessment will be determined.
- Eight out of ten calls are anticipated to be resolved on the phone. For the remaining 20%, the call center will deploy or refer to:
  - Mobile crisis teams
  - Crisis stabilization units
  - Hospitals
- 2 Call Center Vendors provide primary coverage for the state.
  - Frontier Health in Southwest
  - PRS Crisis Link in all other regions



# Marcus Alert Pilot Programs



The roadmap has five components, which are pictured and described below:



# RECOMMENDED PLANNING ROADMAP

*Toolkit for Local Implementation, DBHDS, <https://dbhds.virginia.gov/human-resource-development-and-management/health-equity/mdpa/toolkit/>*

INVOLVE BEHAVIORAL HEALTH AS SOON AS POSSIBLE

BEHAVIORAL HEALTH REMOTE ENGAGEMENT DURING TRANSIT IF POSSIBLE

ASSESS NEED FOR MEDICAL RESPONSE

**LEVEL 1**  
**ROUTINE**

**911 PSAPs refer to 988 regional call centers**

- Distressed caller appropriate for phone intervention with trained behavioral health professional and/or referrals for services within 72 hours
- No homicidal thoughts, intent, or behavior
- Suicidal thoughts acceptable, if no plan and/or means

**LEVEL 2**  
**MODERATE**

- Distressed caller with imminent need of in-person 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**

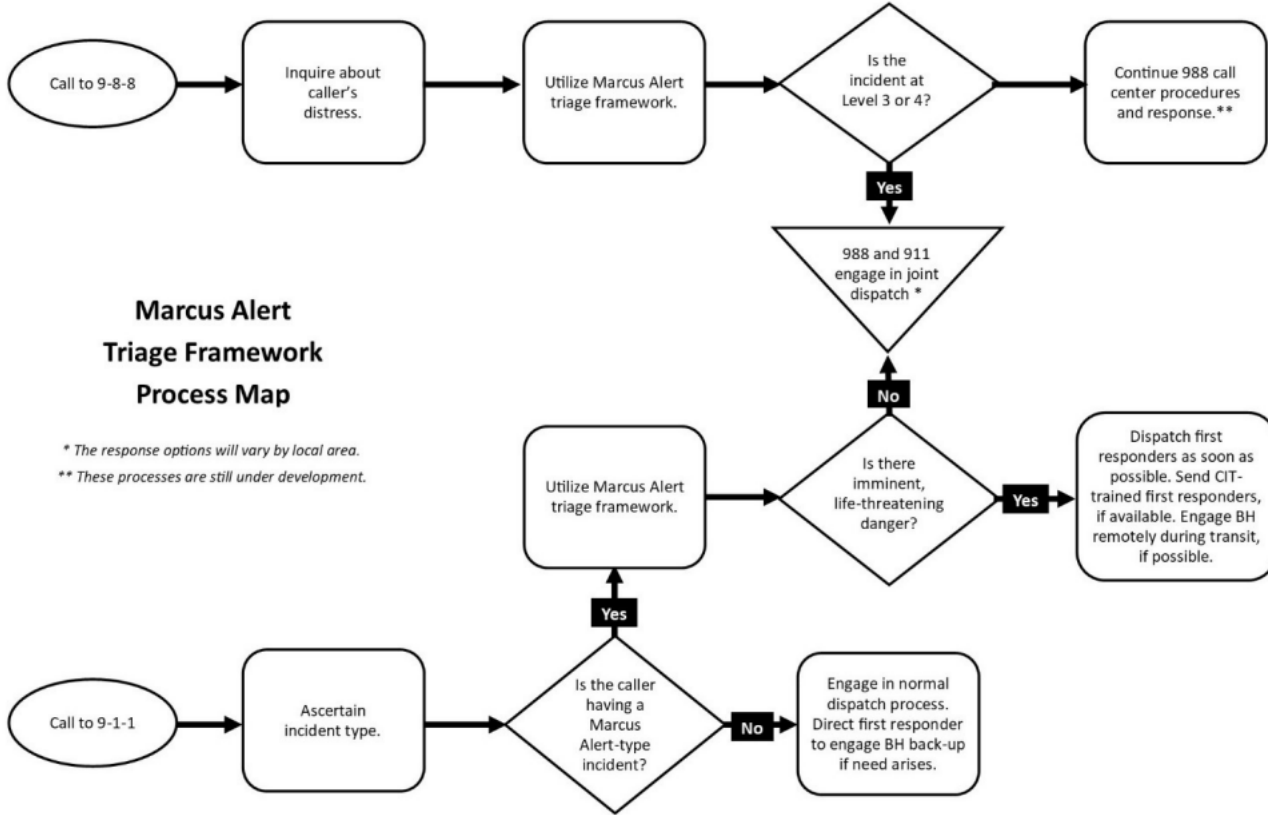
- Active aggression
- Florid psychosis
- Homicidal thoughts with no active behaviors or intent
- Active cutting (self-injurious behavior) with concern for medical risk
- Suicidal thoughts with plan and access to lethal weapons
- Magistrate-issued emergency custody order, if available and requested by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

**LEVEL 4**  
**EMERGENT**

**911 PSAPs dispatch law enforcement, EMS, and/or fire without delay**

- Direct, immediate threats to life
- Active suicide attempt
- Active assault on others with ability to cause significant harm
- Any gun present and accessible
- Magistrate-issued emergency custody order issued with immediate security threat

Figure 36. High-Level Marcus Alert Triage Process Map



**Marcus Alert Triage Framework Process Map**

\* The response options will vary by local area.  
 \*\* These processes are still under development.

# Next Steps



Toolkit for Local Implementation, DBHDS, <https://dbhds.virginia.gov/human-resource-development-and-management/health-equity/mdpa/toolkit/>

# Questions?

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