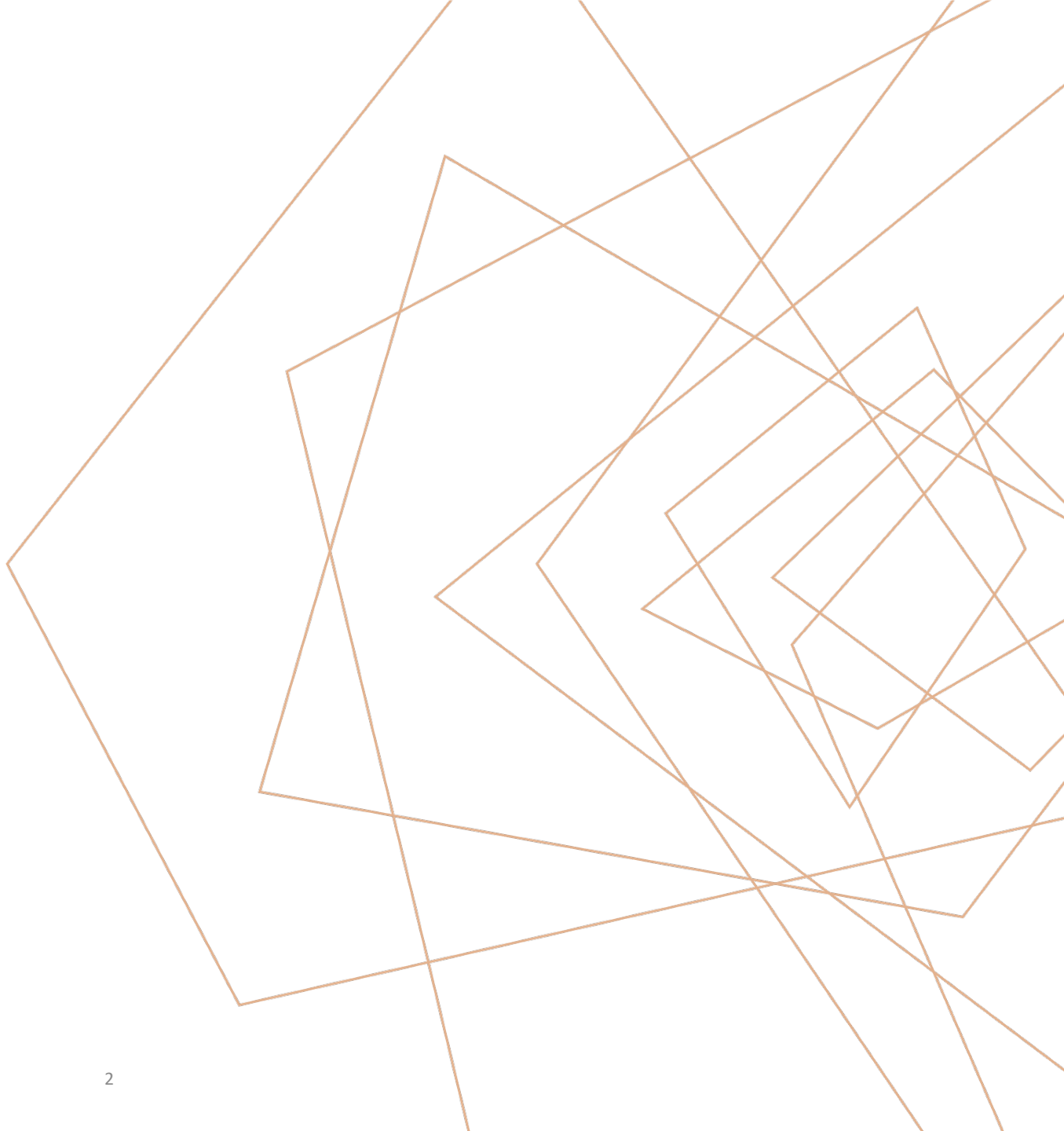
MARCUS ALERT – THE INTERSECTION WITH LAW ENFORCEMENT / ECC

CHARLOTTESVILLE POLICE DEPARTMENT

The Charlottesville Police Department is staffed by 98 sworn police officers. There are 19 current vacancies for police officers.

CPD responded to over 36,000 calls for service in 2020, and over 27,000 CFS thus far in 2021.



CURRENT STATUS

MENTAL HEALTH CALLS

Police are the primary, and sometimes only agency that responds to MH calls, handling the initial response, the period of custody, and the transport to facilities.

CALLS FOR SERVICE

CPD responded to 551 MH calls for service in 2020, and 387 so far in 2021. Of these calls, 14 in 2020 and 11 in 2021 have been "high-risk," meaning a weapon or immediate danger was involved.

ECO/TDO SERVICE

272 ECO's and/or TDO's were served by CPD in 2020 and 211 so far this year. Currently, service of ECO's and TDO's results in reduced staffing for CPD and officers spending long hours with MH consumers, sometimes up to 48 hours while patient awaits medical clearance and/or bed space becomes available at facilities. (What are the effects of long-term exposure with police officers?)

COSTS

Considerable overtime costs related to staffing past normal shifts/assignments, as well as supplementing other PD functions by hiring officers for overtime.

CURRENT CPD ROLES

Response to MH Calls

- Assessment (CIT)
- Offer Services (CRISIS)
- Referral to Region 10 for additional services

Transport for Treatment

- Voluntary transport to CRISIS
- Officer initiated ECO
- Execution of 3rd Party issued ECO's
- TDO transports to facilities

SHORT TERM PLANS UNTIL FULL STATE-WIDE IMPLEMENTATION OF THE MARCUS ALERT PROGRAM IS REALIZED

CPD's Interim Plan

Support ECC's plan to implement new protocol systems for mental health calls.

- ECC plans to roll out the new protocols in December 2021
- Training already underway, 60-70 hours for dispatchers, and over 100 hours for Supervisors
- Will enhance the way ECC interacts with callers, the community.
- Will aid with dispatcher interactions with callers, mental health consumers, allowing for better classification of calls and more appropriate response teams/efforts.

CPD Requirement for all officers to receive CIT certification at or shortly after hire.

Development of a mental health unit, possibly with regional partners and other agencies, consisting of officers (and others) with specialized training in response to mental health calls, with the thought of possibly integrating this unit in future Marcus Alert Local Response Teams (if Police presence is needed or desired).

- Staffing, staffing, staffing. Current Staffing levels allow for a minimal response and extensive waiting periods.
- Funding

MARCUS ALERT BENEFITS

• Reduction in Police Involvement by limiting response to high level MH calls (Level 3 & 4) as outlined by Marcus Alert Local Response Plans

• A more well-trained police officer based on required training through DCJS. (Most of which is already being integrated into Academy and In-service training requirements)

•Need for higher percentage of CIT trained officers. *Not a requirement, but very likely an expectation.

•Specialized training or doctrine (DT/Use of Force) when dealing with combative MH patients

•Likely need for specialized, youth-based training (Policing the Teen Brain?)

UNANSWERED QUESTIONS

- What model of response will our region use? (Co-Response, Cahoots, other?)
- Once assessment is made, who determines course of action? (Response team, LE or 3rd party evaluator?)
- Where will we take them? (Still a shortage of bed and/or treatment facilities)
- Who transports to hospital or MH care facility, or other yet to be determined alternative facility?
- Will Police Officers still be required to sit with MH patients?
- Lack of Outline for "*advanced Marcus Alert training" standards (What will these consist of?)*
- How will we (Dispatch/First Responders) manage the staffing needs associated with Marcus Alert?

CLOSING THOUGHTS

CURRENT STATUS

Extensive interactions between police and mental health consumers

Staffing shortages

Costly

Unsuccessful outcomes, repeated calls for service

INTERIM PLAN

Develop local systems/models for future implementation as state-wide Marcus Alert support systems come into place.

Partnerships with local teams, ECC, Region 10, and other agencies to improve responses to MH calls.

MARCUS ALERT

The program and the work are worthwhile! CPD supports this effort.

We don't have all the resources yet, we don't know how to pay for them, but that should not, and cannot stop or slow the work being done.

Ensures that the emergency response to a behavioral health crisis, even when involving a police officer, is a behavioral health response, not a police or enforcement response.