

## Q&A from Crisis Care Update Event May 21, 2024

<p>What's the best number to call if you have a child who is experiencing a crisis? 9-8-8? CR2? HopeLink?</p>	<p>Marcus Alert</p> <p>Marcus Alert</p>	<p>If a child is experiencing a crisis that does not require in-person behavioral health or medical care, they can call 988 (703-527-4077) for support. If 988 determines that the child needs in-person behavioral health support, they will dispatch CR2 for further assistance.</p>
<p>Please explain the term BIPOC.</p>	<p>Alert</p>	<p>Black, Indegenious, and People of Color</p>
<p>Are CIT and other mental health response trainings required for all law enforcement officers in Arlington?</p>	<p>ACPD</p>	<p>Police officers are required to attend the 40hr basic CIT course within 6 months of completing Field Training and being assigned to Solo Patrol. At the Police Basic Academy, training is provided on ECOs/TDOs, legal training regarding those matters and calls for service involving mental health consumers.</p>
<p>Who should I call if my teen is using substances, but not unconscious?</p>	<p>MOST</p>	<p>The teen should be medically cleared to ensure that the substance has not caused any medical issues. This might require a 911 call for ACFD. For ongoing services, the teen would need to be connected to Child and Family Services for outpatient treatment (703) 228-1560. The teen could also receive treatment from private insurance.</p>
<p>How does the implementation of Marcus Alert impact calls to 988? Will there be additional mobile crisis staffing in anticipation of increased calls (assuming that people who previously did not</p>	<p>HopeLink</p>	<p>We have seen an increase in call volume each month to 988 as we roll out Marcus Alert in several different regions across Virginia. <b>Calls that are diverted from 911 to 988/Regional Crisis Call Center are received by the call center on a priority line to ensure calls are answered by available staff trained in 911 diversion.</b> We have continued to hire additional clinician support in our call center as the amount of mobile</p>

know about 988 will be transferred there, increasing call volume)?

crisis responses continues to rise. As for additional staffing for mobile crisis, each region is responsible for staffing their mobile crisis response since mobile crisis teams are separate entities from the regional crisis call center.

Do you recommend that parents or family members register their child or family member with the ECC, if the loved one has a diagnosis (like autism) or special communication needs?

Marcus Alert

In support of the Marcus Alert System implementation, Rapid SOS, embedded in Arlington County's Emergency Communications Center (911 Center) CAD system, has a feature called the Emergency Health Profile. The Emergency Health Profile allows individuals to voluntarily create a free emergency health profile to provide first responders with their vital health and medical information (behavioral health related information included) when calling 9-1-1 during an emergency or crisis. Individuals who are over the age of 16 may sign-up for an Emergency Health Profile through the Emergency Health Profile Association. Legal guardians may sign up individuals under the age of 16.

What are "SCOPs"? (On the CIT Training sheet)

CIC

Special Conservators of the Peace, security contractors with the legal ability to be delegated some police tasks, including maintaining custody on an Emergency Custody Order (ECO), which allows assessment for psychiatric needs and safety.

Can you give some examples of what makes a call a Level Four triage?

Marcus Alert

A level four, Marcus Alert call could involve an individual being an immediate threat to their life, which could include active suicide attempt, active assault on others with ability to harm, and having a weapon present and accessible.

<p>If the ECC decides that a call is suitable for 988 and a non-police response, what happens if the behavioral health responders are unavailable?</p>	<p>Marcus Alert</p>	<p>If the Emergency Communications Center (911 Call Center) determines a call is suitable for 988 then they will transfer the call accordingly. 988 is staffed with clinicians 24/7.</p>
<p>When someone does not speak English and they call 911, how does the caller taker get to know what language is need for translation service.</p>	<p>ECC</p>	<p>In the vast majority of such calls, the reporting party is able to identify which language they need to process the call. In the rare instances where they cannot, the Voiance translation service can help determine which language is necessary and provide the translator.</p>
<p>Does Hopelink capture race and ethnicity as a part of their demographic information? If not, why?</p>	<p>HopeLink</p>	<p>HopeLink has the option to collect race and ethnicity data, however, it is not a required part of crisis calls at the moment. <b>Most often, questions like these are not relevant to de-escalating the person in crisis and can often escalate them if not asked intentionally. If a person in crisis freely discloses this information, it would be documented within the demographics of the call report.</b></p>
<p>DHS has its own Crisis Line (703-228-5160). Should people stop calling that number and use 988 instead?</p>	<p>CIC/ES</p>	<p>Any person experiencing an acute and urgent psychiatric emergency can call 703-228-5160 24/7 per day. For non-acute emergencies, people can call 988 (e.g., needing someone to talk to, finding mental health resources, suicidal ideation without intent or plan, etc., this is not an exhaustive list).</p>
<p>What ages can be served by MOST?</p>	<p>MOST</p>	<p>MOST serves adults 18 and over.</p>

Is it still the law, or a policy, that Fire/EMS can ONLY drop off a person at a hospital? I think there was a proposal to change that rule.

ACFD

No, an EMS agency has the autonomy to transport to any appropriate facility. However, the Medicare common practice is to transport to a Medicare enabled hospital facility. There was a brief program called Emergency Triage, Treat and Transport (ET3) sponsored by Centers for Medicare Services (CMS) which piloted non-emergent transport to Alternative Destinations such as urgent cares or facilities like the CIC. ACFD was proud to be a model participant for ET3, allowing ambulances to transport to Alternative Destinations or utilize telehealth services to provide definitive care directly in the home. This program was abruptly ended by CMS in December 2023. Since the end of the ET3 program, legislation has been introduced to Congress in the form of bill S.3226 Emergency Medical Services Reimbursement for On-Scene Care and Support Act. While awaiting the hopeful enactment of this bill, ACFD utilizes Advanced Paramedic Officers (APOs) to provide advanced assessments and alternate options for patients who meet specific diversion criteria. APOs have been given additional training, expanded protocols and added tools to help best match the need of the citizen to the right resource.

Does the ECC's AI effect the Marcus Alert Protocols

ECC

There will be a slight delay when dialing the non-emergency number (703-558-2222) as the call is picked up by Amazon Connect, if no selections are made the reporting party will be transferred to a Telecommunicator. Any calls to 911 are delivered immediately to a Telecommunicator for processing.

911 call from business employee  
complaint homeless person won't  
leave. Officer feels they have to  
arrest b/c person won't leave -  
can officer drop off at shelter, CIC  
or MOST instead of booking at  
jail?

CIC

If the individual is willing, and the officer is able, the CIC is able to be an option here. Similarly, MOST can respond to the scene at the officer's request to conduct outreach if the individual is willing to engage.