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From: Teri Morgan

RE: Public Comment on the Marcus Alert System

The Virginia Board for People with Disabilities (VBPD) supports the Departments of Criminal Justice Services and Behavioral Health and Developmental Services efforts to design protocols to improve law enforcement interactions of people with serious mental illness (SMI) and intellectual and developmental disabilities (I/DD). Tragically, interactions between law enforcement and people with disabilities have escalated into traumatic, violent, or deadly encounters because of misperceptions about communication, safety, and the risks posed by the person with a disability. By providing an individualized, trained response to people in crisis, Virginia can reduce the risk of escalation and connect individuals with needed supports and services As the VBPD is Virginia’s federally-funded Developmental Disabilities Council, we are particularly interested in ensuring that all protocols can be tailored to meet the unique needs of individuals with I/DD.

While there is a lack of research on the extent and nature of the interactions people with I/DD have with the justice system, several studies have shown that a significant portion of the I/DD population has interactions with law enforcement. According to the Vera Institute of Justice’s report, [*Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A Review of the Literature on Police-based and Other First Response Models*](https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf) (2019), a U.S.-based study of people with I/DD “indicated that by age 21, approximately 19.5 percent of the young people had been stopped by police and 4.7 percent had been arrested.” The authors reported that “female gender reduced the odds of being stopped by police and that externalizing behaviors (such as aggressiveness or impulsivity)increased the odds of both being stopped and being arrested.” An Australian study found that law enforcement reported coming in contact with people with I/DD an average of three times a week.

The Board offers the following Marcus Alert System recommendations organized by topic area.

**Need for Specialized Training in I/DD**

Studies suggest that law enforcement has regular contact with people with I/DD. This contact highlights the need for **training law enforcement, crisis intervention teams (CIT), and co-responder teams on the communication needs and access and functional needs of people with I/DD.** Response teams also need to be ready to respond to individuals who have a dual diagnosis of SMI and I/DD. We heard in DBHDS’ public comment sessions that people felt CITs currently had inadequate training in I/DD. **Regular and ongoing** **training in responding, communicating, and connecting people with I/DD in crisis to services should be a key component of the Marcus Alert protocols.** There are many innovative relational and de-escalation techniques that can assist people with I/DD, such as Cognitively-Based Compassion Training (CBCT). We encourage research into evidence-based approaches that can defuse crisis situations for people with I/DD.

**Importance of a Personalized, Targeted Response**

In supporting best practice for CIT and co-responders, it is important to **develop a team of behavioral experts including occupational, speech and behavioral therapists, who can provide the services the individual is currently receiving or have already been identified as a need.** By supporting the individual, personalized response teams encourage de-escalation and provide a ready bridge to connection to services. The response team could also include a parent, guardian, or life coach to support the individual.

**Use of Data and Voluntary Registries**

It is important that any voluntary registry established to identify at-risk individuals with SMI or I/DD include ways to access information about the individual’s communication needs and de-escalation supports. Some advocates are concerned that registries, even when voluntary, can lead to the stigmatization of people with I/DD or SMI that may unnecessarily increase the aggression of responses by law enforcement ([The Arc, Policy Brief: Law Enforcement Registries for Individuals with Disabilities](http://thearc.org/wp-content/uploads/2019/07/18-086-Law-Enforcement-Registries-Resource-Sheet_v3.pdf)). To combat this, **the information presented must go beyond mere labeling of individuals. It needs to contain meaningful information about how to support the individual in crisis, such as linking the appropriate response professionals to that particular person, and how to identify the individual’s preferred means of communication.** Registry information must also be combined with comprehensive training so that law enforcement and other responders can be prepared to assist the individual.

**Seclusion and Restraint**

We heard several family members and advocates raise concerns about the excessive use of restraints on people with I/DD and SMI. **We encourage DBHDS to look to work on crisis de-escalation in school environments for safe and effective alternatives to restraint.** When restraint is necessary, protocols should be developed to minimize trauma and ensure restraints are only used when the person poses a risk of physical harm to themselves or others.

**Measuring Success**

The data collected through the Marcus Alert system can have multiple goal posts for success. **Important measures include 1) whether response teams deescalated the crises without any harm or arrest, 2) reducing the time until de-escalation, and 3) how often individuals are voluntarily linked with needed supports and services.**

The Board looks forwarded to continuing to work with DBHDS and other stakeholders as the Marcus David-Peters Act’s required comprehensive plan is being developed. Thank you for the opportunity to provide input.