Involuntary Psychiatric Hospitalization of Adults

Information for Petitioners, Family Members and Concerned Others

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FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

Notice:

The information contained in this pamphlet is not intended as direct personal legal advice and is for informational purposes only. For legal advice related to your own situation, you should consult a lawyer.

Overview

The psychiatric hospitalization of an individual against his or her will is a treatment option that is pursued ***only*** when all less restrictive treatment options have been exhausted or deemed unsuitable.

Taking away an individual's personal freedom, even with the good intention of providing mental health treatment, is such a serious step that the Virginia legislature has established strict requirements that must be met before a person can be involuntarily hospitalized.

Involuntary hospitalization occurs only when an individual's psychiatric condition causes a situation where there is a substantial likelihood that the individual, in the near future, will "cause serious physical harm" to self or others, or will "suffer serious harm" due to lack of capacity to protect himself/herself or to provide for his/her basic human needs.

The process typically starts with the issuance of a Temporary Detention Order (TDO) and the scheduling of a Commitment Hearing. The involuntary hospitalization of adults is done in accordance with the Code of Virginia, §37.2-800 through 37.2-847.

What is a Temporary Detention Order?

A Temporary Detention Order (TDO) is an order issued by a Magistrate that requires an individual to be held in a psychiatric facility for a period of 1 to 5 days until a commitment hearing is held. How long the person is hospitalized before the hearing occurs depends on when the TDO is issued and whether there is an intervening weekend or legal holiday. Magistrates are available to issue a TDO every day of the year, 24 hours a day. You can reach the Fairfax County Office of the Magistrate at 703-246-2178.

When is a TDO issued?

A TDO is issued in response to a request by a "Petitioner", or upon the Magistrate's own motion, and, except in rare circumstances, only after completion of an in-person assessment within the preceding 72 hours by a "Certified Prescreener." The Petitioner is "any responsible person" or "treating physician" and is the person who is requesting involuntary hospitalization of the individual. The Certified Prescreener must be a mental

health clinician who is employed by the Community Services Board (CSB) and is certified to conduct TDO evaluations.

When deciding whether to issue a TDO, the Magistrate may consider:

- The recommendations of any treating or examining physician or psychologist licensed in Virginia.
- Any past actions of the individual.
- Any past mental health treatment the individual has received.
- Any relevant hearsay evidence.
- Any available medical records.
- Any affidavits submitted, if the witness is unavailable, and it so states in the affidavit.
- Any other information available that the Magistrate considers relevant.

The purpose of the Certified Prescreener's assessment is to determine whether the individual meets the TDO criteria specified in the statute. Based on the results, the Certified Prescreener will then recommend or not recommend that the individual be involuntarily hospitalized under a TDO. If a TDO is issued, the results of the assessment are documented in a Preadmission Screening Report ("prescreening") that is sent to the hospital and is admitted into evidence at the commitment hearing. The Certified Prescreener is required to inform the petitioner and the "on-site treating physician" if hospitalization under a TDO is not being recommended.

Prior to issuance of the TDO, the Certified Prescreener is required to identify the facility where the individual will be hospitalized and the individual's insurance status. The TDO will not be issued until the admitting hospital is identified.

What criteria have to be met for the TDO to be issued?

To issue the TDO, the Magistrate, based on all the evidence readily available, must decide that the individual:

1. Has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future:

a. Cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, ***or***
b. Suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, ***and***

2. Is in need of hospitalization or treatment, ***and***
3. Is unwilling to volunteer ***or*** incapable of volunteering for hospitalization or treatment.

In determining whether there is serious physical harm or serious harm, the Magistrate and Certified Prescreener typically look for evidence that the individual is engaging in behavior that could result in physical injury, disability or death, or could result in physical harm because he/she is not caring for himself/herself or providing for his/her food, clothing or shelter.

How does the individual get safely to the hospital?

Once the TDO is issued, a law enforcement officer will serve the TDO, take the individual into custody, and transport him/her to the hospital. During transportation to the hospital, police officers usually place the individual in handcuffs.

Does a law enforcement officer always have to transport the individual?

A request can be made to the Magistrate to have the individual transported to the hospital by an "alternative transportation provider" rather than by a law enforcement officer. The "alternative transportation provider" can be a person, facility, or agency, including a family member or friend of the individual, a representative of the Community Services Board, or other transportation provider with personnel trained to provide transportation in a safe manner. Authorization of an "alternative transportation provider" can be given if the Magistrate deems it to be appropriate.

Where is the individual hospitalized?

Every attempt will be made to have the individual admitted to a hospital within Fairfax County: Inova Fairfax Hospital, Inova Mount Vernon Hospital, Dominion Hospital, or Northern Virginia Mental Health Institute

(NVMHI). If the individual cannot be admitted to a hospital located in Fairfax County, an attempt will be made to have him/her admitted to a hospital in a neighboring jurisdiction (Arlington County, Prince William County, Loudoun County). In some situations, the individual may have to be admitted to a hospital outside of the Northern Virginia area.

The Petitioner is given information about where the individual is admitted. In the back of this pamphlet you will find a list of the names and addresses of the local hospitals and a space where you can record the name, address, and phone number of the hospital where the individual has been admitted.

When does the commitment hearing occur?

If the individual is admitted to one of the four hospitals in Fairfax County, the commitment hearing is held at the hospital where he/she was admitted. The "court" travels a "circuit," going to each hospital to conduct the hearings. The circuit starts at Dominion Hospital and then proceeds to NVMHI, Inova Fairfax Hospital and, finally, Inova Mount Vernon Hospital. **Hearings are scheduled to begin at 7 a.m. The petitioner and witnesses must arrive at the hospital by that time.** Usually, several hearings are scheduled on any given day, and there is no way of knowing in advance which case will be heard first. When many cases have to be heard, the petitioner and/or witnesses may be waiting at the hospital for several hours.

Commitment hearings are held in a meeting room. When you arrive at the psychiatric unit, let the staff know that you are there to attend the hearing, and they will show you to a waiting room. You will be notified when to go to the hearing room. **It is *absolutely essential* that the Petitioner and any witnesses be present when the case is called. If the Petitioner and/or witnesses are not present, the TDO will likely be dismissed, and the person will be released from the hospital.**

The Certified Prescreener who recommended issuance of the TDO will give you the date and location of the hearing. That information can also be obtained by contacting the hospital where the individual has been admitted or by contacting Emergency Services at the (703-573-5679, TTY 703-207-7737). In the back of this pamphlet is a space where you can record the location, date and time of the hearing.

If the individual was admitted to a hospital outside of Fairfax County, the commitment hearing will be held by the jurisdiction where the hospital is located. The process of conducting the hearings in that jurisdiction will likely be different than the process in Fairfax County. The Certified Prescreener who recommended issuance of the TDO will give you information about how commitment hearings are held in that jurisdiction.

Who attends the commitment hearing?

Those attending the commitment hearing include: the individual, a Special Justice, his/her court-appointed Attorney, a Fairfax Assistant County Attorney (for Fairfax TDOs), an Independent Evaluator, a CSB representative, a Deputy Sheriff (who provides security), Hospital security, the Petitioner, and any witnesses who are attending the hearing to testify. At times, students from nursing and law academic programs observe the proceedings.

What is the role of the Special Justice?

The Special Justice conducts the hearing and determines the final outcome of the hearing. The Special Justice is appointed by the Chief Judge of the Circuit Court, must be licensed to practice law in Virginia, and is required to complete specialized training.

What is the role of the court-appointed attorney?

The court-appointed attorney, at State expense, represents the individual at the hearing. The individual can hire an attorney at his/her own expense. Under Virginia law, the attorney is **required to "represent the wishes of his client."** This requirement means that if the individual wants to be discharged from the hospital, the attorney will challenge the opinion and testimony of those who think he/she should remain in the hospital. Before the hearing, the attorney may obtain information by interviewing the individual, the Petitioner, the Certified Prescreener, the Independent Evaluator and any witnesses, and by reviewing relevant treatment records and reports.

What is the role of the Independent Evaluator?

In Fairfax County, the Independent Evaluator is usually a Clinical Psychologist, skilled in the diagnosis and treatment of mental illness. Before

the hearing, the Independent Evaluator conducts an evaluation of the individual at the hospital where the individual is detained. The Independent Evaluator reviews clinical records and may call the petitioner or other witnesses as needed. The Independent Evaluator provides an "expert clinical opinion" about whether the individual has a mental illness and whether there is a substantial likelihood that, as a result of mental illness, the individual will, in the near future, (1) cause serious physical harm to self or others, or (2) suffer serious harm due to his/her lack of capacity to protect self from harm or to provide for his/her basic human needs. The Independent Evaluator also provides a clinical opinion about what type of treatment the person needs and whether or not that treatment should be ordered by the court.

What is the role of the Assistant County Attorney?

The Assistant County Attorney represents Fairfax County and the Fairfax-Falls Church CSB. At the hearing, the Assistant County Attorney may obtain testimony from the Petitioner and any witnesses and will seek to have the Special Justice order the disposition sought by the CSB. The Assistant County Attorney may represent the Petitioner at the hearing if the wishes of the CSB and the Petitioner are the same. The Assistant County Attorney may call the Petitioner prior to the hearing. In any event, the Petitioner is free to retain an attorney to represent him/her or to represent himself/herself at the hearing. For individuals who were detained in another county, the Assistant County Attorney will not be providing this service, and instead the Petitioner will independently present their own testimony.

What is the role of the CSB Representative?

A clinician from the Fairfax-Falls Church CSB attends each hearing and is available to provide relevant paperwork to the Special Justice, assist the petitioner and family members with information about mental health services, arrange the location of a hospital bed for individuals who were committed or agreed to sign into the hospital at the time of the hearing, and link individuals to Mandatory Outpatient Treatment. Petitioners and family members for individuals who were detained by another county are directed to the CSB that serves the individual for information about resources in that community.

What is the role of the Petitioner?

The Petitioner is the person who requested that the individual be involuntarily hospitalized and is an essential part of the TDO process. **A TDO will not be issued without a Petitioner.** Petitioners are often family members or friends but can be other mental health professionals or concerned individuals.

According to the Virginia Code, the Petitioner is "entitled" to attend the hearing and to "testify and present evidence." It also indicates that the Petitioner is "encouraged" but "not required" to testify at the hearing and that the "person whose involuntary admission is sought shall not be released solely on the basis of the Petitioner's failure to attend or testify during the hearing." But the presence and testimony of the Petitioner at the hearing is a practical necessity. If the Petitioner and/or witness are not present to provide first-hand evidence about the individual's behavior – especially those behaviors and verbal threats that have resulted in, or could result in, physical harm – there is the strong possibility that the TDO will be dismissed at the hearing due to insufficient evidence. When that happens, the individual will be free to leave the hospital.

As the Petitioner, you will be asked to complete and sign a "Petition for Certification for Involuntary Admission for Treatment" court form. On this form you will be required to provide specific information about why you are asking to have a TDO issued. Personal identification from the petitioner, such as a drivers license, is required because the form will be notarized by the CSB Emergency Services clinician and be sent to the Court.

As the Petitioner, you are strongly encouraged to bring other witnesses to the hearing so they can provide relevant testimony. You and your witnesses should be available to the Independent Evaluator prior to the hearing to provide information about why you sought the TDO. You are also encouraged to bring to the hearing any relevant physical evidence (for example, photographs, audio recordings, texts, letters, documents, etc.) that supports your testimony. **Do not bring any type of weapon as physical evidence. Instead, bring a photograph of the weapon.** As Petitioner, you may be able to ask questions of the Special Justice or the CSB Representative if you do not understand something that is occurring at the hearing.

What type of testimony should be provided?

The Virginia laws of evidence and procedure apply to the commitment hearing, even though it takes place in a hospital and not in a courtroom. The testimony of the Petitioner should provide **first-hand** information about what the individual has done or said that puts him/her at risk for causing serious physical harm to himself/herself or others or at risk for suffering serious harm because he/she is not protecting himself/herself from harm or providing for his/her basic human needs. When you testify, it is important to focus on the individual's recent behavior that you have **personally witnessed** and on recent statements or verbal threats made by the individual that **you** have **personally heard**. A definition of "recent" varies but may encompass anything from the past few days to the past few weeks or longer. More recent evidence tends to be the most convincing.

When testifying, try to be as **direct and precise as possible and provide as may details as you can**. You will most likely not be able to simply express your opinion or concern that the individual will suffer or cause physical harm because the individual's attorney will probably object to such testimony. Testimony should focus on facts and specific examples of the individual's recent behavior and verbal threats about which you have personal and direct knowledge. This testimony may include recent statements made by the individual directly to you or that you have personally heard the individual make to others and any documents or other writings such as text messages, emails, etc. that you have obtained that were recently written by the individual. Remember to include evidence related to the individual's refusal to seek or cooperate with voluntary psychiatric treatment.

If you are the Petitioner and do not have first-hand evidence, then it is essential that you bring witnesses who do have such information. The individual's attorney will most likely object if you testify about what someone else told you or about behavior you have not personally seen or heard, and the Special Justice will not consider that testimony. Such evidence is rarely admissible because it is considered "hearsay" under the laws of evidence.

What type of evidence does the Special Justice consider?

According to the Virginia Code, the Special Justice, in addition to his/her "observations" of the individual, should consider the following evidence, if admissible under the Virginia Rules of Evidence, when making a decision about the outcome of the hearing:

- The recommendations of any treating or examining physician or psychologist licensed in Virginia, if available.
- Any past actions of the individual.
- Any past mental health treatment of the individual.
- Any examiner's certification.
- Any health records available.
- The Preadmission Screening Report.
- Any other relevant evidence that may have been admitted.

What happens at the hearing?

At the start of the hearing, after the Special Justice makes introductions, he/she will then advise the individual of his/her legal rights and inform the individual of his/her right to apply for voluntary admission to inpatient treatment. According to the Virginia Code, the Special Justice must allow the individual an opportunity for voluntary admission and must decide if the individual is willing and capable of seeking voluntary hospitalization. If the Special Justice determines that the individual is willing to accept voluntary admission for treatment and the individual is capable of making that decision, the Special Justice will require the individual to be hospitalized as a Court Mandated Admission (CMA). When that happens, no testimony is taken and the hearing is concluded. The Petitioner can disagree with (object to) the decision to allow an admission under a CMA if there is evidence that the individual is not capable of understanding the choice to be a CMA or is not willing to accept treatment and ask that a formal hearing be held to determine if the individual should be committed. The Special Justice can 1) agree with the objection and hear testimony or 2) disagree with the objection and allow the CMA to occur.

A formal commitment hearing is held and testimony is taken only if the individual refuses voluntary hospitalization or is found incapable of making that decision, or if the Special Justice agrees with the Petitioner's objection to allowing a voluntary admission. The Special Justice will then hear testimony from the Petitioner and any other witnesses and decide on the disposition. During the hearing, the individual is not required to testify but may choose to do so. At the conclusion of the hearing, the individual will be either committed to inpatient treatment or ordered into Mandatory Outpatient Treatment or the petition will be dismissed. A voluntary admission under a CMA is no longer an option.

What are the possible hearing outcomes?

The possible outcomes of the hearing process include the following:

- **Court-Mandated Admission (CMA)** – According to the Virginia Code, the Special Justice "shall afford" the individual "an opportunity for voluntary admission" if the Special Justice determines that the individual is "willing and capable of seeking voluntary admission." This voluntary admission that occurs as a part of the commitment hearing process is referred to as a Court-Mandated Admission (CMA). When the Special Justice permits the individual to be a CMA, the individual is required to accept a "minimum period of treatment." According to the Virginia Code, the individual is required to stay in the hospital for **a minimum of 72 hours unless discharged sooner by the hospital**, and, after that period, is required to give **48 hours notice** of his/her desire to leave the hospital. The individual is required to remain in the hospital during that 48 hour period unless discharged by the hospital. This outcome effectively means that the individual would remain in the hospital for a **minimum of five days after the hearing, unless discharged sooner by the hospital**. When the individual is permitted to stay in the hospital as a CMA, a commitment cannot then be ordered at this point in the process.
- **Commitment** – When the Special Justice orders a commitment, the individual is under a court order to be involuntarily admitted to the hospital and is required to remain in the hospital for a **maximum period of 30 days**, **unless discharged sooner by the hospital.** To be committed, the Special Justice must find, by clear and convincing evidence, that:

(1) The individual has a mental illness and there is a substantial likelihood that, as a result of mental illness, the individual will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, ***or*** (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, ***and***

(2) All available less restrictive treatment alternatives to involuntary inpatient treatment have been investigated and determined to be inappropriate.

Individuals under commitment can be discharged from the hospital without further involvement of the court or can be "re-committed." A re-commitment occurs when another TDO is issued, and a second commitment hearing is held prior to the expiration of the original commitment. If the individual is "re-committed" at that hearing, the duration of the re-commitment is a **maximum of 180 days**.

An individual can appeal a commitment or re-commitment order to the Circuit Court. The appeal must be filed within 10 days of the entry of the court order ordering the individual committed. The individual's court-appointed attorney would represent the individual for the appeal.

- **Mandatory Outpatient Treatment (MOT)** – The Special Justice can order the individual to participate in a period of outpatient treatment. This outcome is referred to as Mandatory Outpatient Treatment (MOT). The duration of the MOT is determined by the Special Justice based on the recommendations of the CSB but **cannot exceed 90 days**. When MOT is ordered, the patient is released from the hospital. To order MOT, the Special Justice must find, by clear and convincing evidence, that:

(1) The individual has a mental illness and there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, ***or*** (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; ***and***

(2) The less restrictive alternatives to involuntary inpatient treatment have been investigated and are deemed appropriate; ***and***

(3) The individual agrees to abide by his treatment plan, and has the ability to do so; ***and***

(4) The ordered treatment will be delivered on an outpatient basis by the CSB or designated provider.

When an individual is ordered to participate in MOT, his/her compliance with treatment is monitored by the CSB where the individual resides. Failure of the individual to adhere to the terms of the outpatient treatment could result in a revocation of the MOT and an order for commitment to a hospital. Before the MOT expires, it can be continued for a period not to exceed 180 days or it can be rescinded (removed).

The MOT order can also be appealed to the Circuit Court. The appeal must be filed within 10 days of the entry of the court order ordering the individual to participate in MOT. The individual's court-appointed attorney would represent the individual for the appeal.

Can a person be placed on MOT if committed for a period of inpatient treatment?

At the time that the person is committed at the hearing, the Special Justice may authorize the treating physician to place the person on a period of MOT when he/she is discharged from the hospital. This outcome is informally referred to as a "step-down" MOT. The duration of the "step-down" MOT is recommended by the CSB and determined by the Special Justice but cannot exceed 90 days.

To authorize the "step-down" MOT, the Special Justice must find by "clear and convincing evidence" that:

- The individual has a history of lack of compliance with treatment for mental illness that, at least twice within the past 36 months, has resulted in the individual being subject to an order for involuntary admission; ***and***
- In view of the individual's treatment history and current behavior, the individual is in need of mandatory outpatient treatment following

inpatient treatment in order to prevent a relapse or deterioration that would be likely to result in the individual meeting the criteria for involuntary inpatient treatment; ***and***

- As a result of mental illness, the individual is unlikely to voluntarily participate in outpatient treatment unless the court enters an order authorizing discharge to mandatory outpatient treatment following inpatient treatment; ***and***
- The individual is likely to benefit from mandatory outpatient treatment.

The assessment conducted by the Independent Evaluator must also include a clinical opinion about whether the individual meets the criteria for a "step-down" MOT.

Prior to discharging the person to MOT, a discharge plan must be developed by the treating physician and the hospital staff in conjunction with the CSB and the individual. The plan must be submitted to the Court for approval, incorporated into the commitment order, and provided to the individual. The individual should not be discharged to MOT if he/she meets the criteria for involuntary commitment. In addition, the treating physician, based on his professional judgment, must determine that:

- The individual, in view of his treatment history and current behavior, no longer needs inpatient hospitalization; ***and***
- The individual requires mandatory outpatient treatment at the time of discharge to prevent relapse or deterioration of his condition that would likely result in his meeting the criteria for involuntary inpatient treatment; ***and***
- The individual has agreed to abide by the discharge plan and has the ability to do so; ***and***
- The ordered treatment can be delivered on an outpatient basis by the CSB or designated provider.

Finally, if a person is placed on "step-down" MOT, his/her compliance with the discharge plan is monitored by the CSB where the individual resides. Failure of the individual to adhere to the terms of the discharge plan could result in a revocation of the "step-down" MOT and an order for commitment to a hospital. Also, before the "step-down" MOT expires, it could be

continued for a period not to exceed 180 days or it could be rescinded (removed).

Dismissal of the Petition – The law has certain requirements regarding the format and service of the TDO and other necessary documents, such as the petition. If these requirements are not met, the Special Justice may dismiss the petition for involuntary hospitalization. The petition can also be dismissed if the Special Justice decides that the evidence does not meet the clear and convincing burden of proof to order a commitment. When the petition is dismissed, the individual is free to leave the hospital and is under no legal obligation to receive any type of psychiatric treatment. Dismissal of the petition does not prevent the individual from voluntarily staying in the hospital if he/she agrees to remain in the hospital and is accepted for admission.

What happens after the hearing?

If the TDO was dismissed or if the individual was placed on MOT at the hearing, he/she is free to leave the hospital and will be discharged. An individual placed on MOT will go to a CSB site on the day of discharge so that the MOT can be implemented immediately.

If the individual was allowed to remain hospitalized as a CMA or was committed to inpatient treatment at the hearing, he/she will remain at the hospital to which he/she was initially admitted until a determination is made about which hospital will provide treatment to this individual. The individual may be able to stay at the same hospital or may be transferred to another hospital.

Emergency Services staff at the CSB where the TDO originated will determine if the individual can stay at the same hospital or will be transferred to another hospital. That determination is based on health insurance coverage, bed availability, and whether or not a particular hospital will accept the individual for admission. When an individual is transferred to another hospital, transportation will likely be provided by a Deputy Sheriff although alternative transportation could be ordered by the Special Justice. For individuals detained by Fairfax County, all attempts will be made to have the individual hospitalized at a local psychiatric facility in Fairfax

County. For individuals detained by another jurisdiction, guidance about post-hearing procedures would be provided by the detaining CSB.

Does a TDO affect the person's right to own firearms?

The right to have access to firearms is **not** lost if the TDO is dismissed. However, if the outcome of the hearing is anything other than dismissal, (for example, the individual is voluntarily hospitalized under a CMA, is committed to inpatient treatment, or is ordered into MOT) the individual **does lose his/her right to "purchase, possess, or transport a firearm."** Violation of this mandate is considered a Class 1 misdemeanor. After his/her release from the CMA, the commitment, or the MOT, the individual can "petition" (ask) the appropriate district court to restore his/her right.

Who is responsible for the cost of treatment?

During the detention period, the cost of all treatment provided while the individual is hospitalized under the TDO is the responsibility of the individual. When the individual is covered by private health insurance, Medicare, or Medicaid, the hospital can seek reimbursement from these insurance carriers. In cases where the individual is not covered by insurance and is demonstrably unable to pay the cost of treatment, the hospital can ask for reimbursement from the Commonwealth of Virginia's indigent patient fund.

After the commitment hearing, the cost of all treatment is the responsibility of the individual, even when he or she is committed or hospitalized as a CMA. When the individual is covered by insurance, he/she will usually be admitted to a facility that accepts his/her insurance, and the hospital will seek reimbursement from the insurance carrier. Uninsured individuals are usually referred for hospitalization to Northern Virginia Mental Health Institute, a state facility, where the cost of treatment is determined by the individual's income level and ability to pay. If space is not available there, the individual may be admitted to a private facility using a state fund that covers the cost of the hospitalization. Concerns about the cost of treatment and the payment for treatment should be directed to a hospital social worker.

If you have further questions…

Please call CSB Emergency Services (24 hours a day) or the Mobile Crisis Unit (8 a.m. until midnight) at the Merrifield Center, 703-573-5679, TTY 711.

Local Psychiatric Facilities

Inova Fairfax Hospital
3300 Gallows Road, 4-Main
Falls Church, VA 22042
703-776-3491

Dominion Hospital
2960 Sleepy Hollow Road
Falls Church, VA 22044
703-536-2000

Inova Mount Vernon Hospital
2501 Parkers Lane, Third Floor (Unit 3A)
Alexandria, VA 22306
703-664-7052

Northern Virginia Mental Health Institute
3302 Gallows Road
Falls Church, VA 22042
703-207-7100

Admitting Hospital

Name/Address:

_____

_____

_____

_____

Phone: _____

Commitment Hearing

Location/Address:

_____

_____

_____

_____

Phone: _____

Day/Date: _____

Time: _____

Fairfax – Falls Church Community Services Board

Emergency Services
Merrifield Center
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Lower Level
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