

FAIRFAX COUNTY POLICE DEPARTMENT  GENERAL ORDER	SUBJECT: EMOTIONALLY DISTRESSED PERSONS	NUMBER: 609
	EFFECTIVE DATE: September 22, 2023	REVIEW: September 22, 2026
RESPONSIBLE ENTITY: CRISIS INTERVENTION TEAM		<input type="checkbox"/> New Directive <input type="checkbox"/> Replaces: <input checked="" type="checkbox"/> Last Revised: 03-26-22
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I. PURPOSE

The purpose of this General Order is to establish guidelines and procedures for officers who investigate cases involving emotionally distressed individuals.

II. POLICY

Police encounters with individuals experiencing a mental health crisis require the exercise of both compassion and extreme caution. It is the policy of the Fairfax County Police Department (FCPD) that non-arrest resolutions by officers involving individuals experiencing a mental health crisis be attempted whenever possible, and that diversion from arrest may be an alternative for people experiencing a mental health episode who come into contact with police officers during otherwise routine arrest situations. Through coordinated partnerships between the courts, other law enforcement agencies, and mental health resources, the facilitation of an equitable and effective resolution for people experiencing a mental health crisis may be accomplished.

III. DEFINITIONS

1. Active Psychosis: Mental health condition that may include significant delusions and/or hallucinations, disorganized thinking and speech, and/or disconnection from reality.
2. Alternative Transportation: Non-law enforcement entity ordered by a magistrate to transport a person under emergency custody or temporary detention orders to a receiving facility.
3. Clinician: A mental health professional who conducts mental health evaluations and risk assessments.

4. Co-Responder: Team consisting of a CIT-trained police officer and Merrifield Crisis Response Center (MCRC) clinician who respond to events involving individuals engaged in a mental health crisis.
5. Community Services Board (CSB): A public agency that provides services for people of all ages who have mental illness, substance use disorders, and/or developmental disabilities.
6. Crisis Intervention Trained Officer: Law enforcement officers who have received specialized training in recognizing symptoms of mental illness and identifying and communicating with persons suffering from a mental health crisis.
7. Crisis Intervention Team: Law enforcement officers who are assigned to an operational unit at the Merrifield Crisis Response Center (MCRC) and have received specialized training in recognizing symptoms of mental illness and identifying and communicating with persons suffering from a mental health crisis.
8. De-Escalation: The result of a combination of communication, tact, empathy, instinct, and sound officer safety tactics with the objective of achieving a positive outcome by ideally reducing the need for force.
9. Diversion First: County program that offers alternatives to incarceration for people with mental illness, substance use disorders, or developmental disabilities who come into contact with the criminal justice system for low level offenses.
10. Emergency Custody Order (ECO) Form (DC-492) (Paper Copy): A form that is issued by a magistrate where there is probable cause to believe that a person is experiencing a mental health crisis is at risk of hurting themselves or others and/or unable to care for themselves as defined in Va. Code Ann. [§37.2-808](#) (adult) or [§16.1-340](#) (juvenile).
11. Emergency Custody Order (Paperless): A civil process, initiated by law enforcement, that authorizes an officer to take custody on their own authority and/or on the information provided by a reliable reporter, of an individual suffering from a mental health crisis/illness, provided the officer has probable cause to believe that the individual meets the criteria for the issuance of an ECO.
12. Local Transportation: Any transport of an individual for the service of a TDO within Fairfax County and its neighboring jurisdictions.
13. Long-Distance Transportation: Any transport of an individual for the service of a TDO outside of Fairfax County and adjoining jurisdictions.

14. Marcus Alert: Alert system designed to enhance services for individuals experiencing a crisis related to a mental health, substance use, or development disability. Creates coordination between 911 and regional crisis call centers and establishes a specialized response from law enforcement whenever responding to a mental health situation.
15. Mental Health Crisis: Any situation in which a person's behavior, due to mental illness, substance use disorder, and/or developmental disability puts them at risk of harming themselves or others and/or prevents them from being able to care for themselves or protect themselves from harm.
16. Mental Illness: A wide range of conditions affecting mood, thinking, and behavior.
17. Merrifield Crisis Response Center (MCRC): The primary emergency service mental health facility in Fairfax County located at 8221 Willow Oaks Corporate Drive, Lower Level, Fairfax, Virginia – 703-573-5679. The MCRC is open 24/7/365 and staffed with psychiatrists, clinicians, mental health counselors, and peer support specialists.
18. Mobile Crisis Unit: An emergency mental health program of the Fairfax-Falls Church Community Services Board that provides on-scene evaluation, treatment, and crisis intervention in the community for individuals unwilling or unable to come in voluntarily to a mental health facility.
19. Person in Crisis: Any individual who requires additional resources to help manage them through changes in emotion, thinking, or behavior (or a combination of any of these). This may include diagnosed or undiagnosed mental illness, substance use disorders, and/or developmental disabilities. This individual may be at risk of harming themselves or others and/or unable to care for themselves or protect themselves from harm.
20. Petitioner: Any person with firsthand knowledge that the respondent has displayed signs of a mental health crisis, is a risk to harm themselves or others, or unable to care for themselves or protect themselves from harm, who petitions the magistrate for the issuance of an ECO or TDO.
21. Regional Crisis Call Center (RCCC): A regional crisis line integrated with 988 and crisis response that provides phone support, risk assessment, referral, and deploys Regional Mobile Crisis Teams 24/7 to provide on-scene assistance to individuals with low-level mental health concerns.

22. Regional Mobile Crisis Team: A state funded team of clinicians that provides on-scene evaluation, crisis intervention, and stabilization for low-level mental health concerns. This team will work in addition to the MCRC Mobile Crisis Team.
23. Reliable Reporter: A person that has firsthand knowledge of the crisis incident and/or the substantial risk to the person or others (i.e., MCRC clinicians, family members or hospital/clinical staff).
24. Respondent: Person named in an ECO/TDO in need of hospitalization or treatment.
25. Temporary Detention Order Form: Form DC-894 A (for adults) or 894 (for juveniles): A court order completed by the magistrate after a clinician provides probable cause the respondent is in need of hospitalization as provided for in Va. Code Ann. [§ 37.2-809](#). The TDO must be executed within 24 hours from the time of issuance unless specifically indicating otherwise and is [valid for 72 hours for adults, and 96 hours for juveniles](#) as determined by the time of TDO execution.

IV. GENERAL PROCEDURES FOR MENTAL HEALTH CRISIS INCIDENTS

- A. **General**: Mental illnesses are brain-based conditions affecting thinking, emotions, and behaviors that can occasionally result in individuals making threats to harm themselves or those around them. Though officers are neither trained nor expected to medically diagnose mental or emotional capacities of an individual in crisis, it is critical to recognize potentially destructive or dangerous behavior when it occurs.
- B. **Supervisor Responses**: Supervisors shall monitor and evaluate known mental health-based calls for service and respond to the scene whenever possible.
- C. **Additional Considerations**: Officers should consider that an individual's perceived irrational behavior may be the product of an adverse reaction to, or withdrawal from, drugs or alcohol. The behavior may also be due to a medical condition, or a temporary emotional state brought on by a particular situation the individual has experienced.
- D. **CIT Officer Assistance**: Crisis-Intervention Trained (CIT) officers should be dispatched to incidents involving individuals believed to be experiencing a mental health crisis. Supervisors should request and/or consult with CIT trained officers whenever practicable. If present, a CIT officer should serve as the lead officer throughout the duration of a mental health-based call for service.

- E. **Documentation:** Documentable calls for service that involve individuals displaying possible signs of mental illness that do not meet either criminal or emergency custody thresholds shall be classified as “**Service – Emotionally Distressed Person Case**” as appropriate based upon the circumstances.

V. **MARCUS ALERT MENTAL HEALTH CRISIS RESPONSES**

- A. **Behavioral Health Crisis Levels:** Marcus Alert legislation requires mental health and public safety agencies to work together to better respond to mental health situations through the development of a coordinated Behavioral Health Crisis Response System and shared response protocols, requiring officers to assess the scene, triage the level of mental health issue encountered, and obtain mental health assistance as needed. Marcus Alert Behavioral Health Crisis Levels may be categorized as follows:

1. **Low-Level Behavioral Health Crisis:** A person that does not meet ECO criteria or require transport to MCRC and involves one or more of the following:
 - a. Difficulty or inability to cope.
 - b. Suicidal thoughts with no plan or direct access to means (Includes desires to harm oneself or not be alive with no plan or means or opportunity to carry out).
 - c. An altered mental state without imminent safety or medical concerns, and not currently under the influence of substances.
 - d. Minor self-injurious behavior.
 - e. A willingness and ability to participate in their own care or safety.
 - f. Where an individual is known to have no violent mental health history.
 - g. A request by a caregiver for assistance due to current non-violent behaviors.
2. **High-Level Behavioral Health Crisis:** A person in crisis with safety risks that includes any of the following:
 - a. Active suicidal or overdose attempts.
 - b. Suicidal thoughts with a plan and access to lethal means.

- c. Known active psychosis.
- d. Expressed homicidal thoughts with no active behaviors or intent.
- e. Active self-injurious behavior with known medical risk.

B. **Behavioral Health Crisis Level Responses**: Mental health calls for service should be addressed on scene whenever feasible as follows:

1. **High-Level Response Protocols**: For any high-level behavioral health crisis, responding officers shall promptly request Crisis Intervention Trained officer(s) and Co-Responder Unit assistance. Additionally, officers shall request EMT response to address any known medical concerns, the CSB Mobile Crisis Unit whenever the Co-Responder Unit is unavailable, and for persons with either intellectual or developmental disabilities, the Regional Mobile Crisis Team via the Regional Crisis Call Center (RCCC). Additionally, the following response protocols shall be adhered to based upon initial assessment of the incident or encounter:
 - a. **Suicide and Overdose Attempt Protocols**: Suicide attempts and overdoses shall receive dual response from both law enforcement and Fire and Rescue personnel. Whenever a Co-Responder Unit is unavailable, officers shall request the CSB Mobile Crisis Unit to respond to the scene if available to provide behavioral health assistance.
 - b. **Safety Concern Protocols**: Whenever information is received to indicate a person poses a safety threat with an altered mental status (e.g., active aggression, active psychosis, or access to lethal means), law enforcement shall take the lead in order to secure the scene. Fire and Rescue personnel and behavioral health responders will take the lead whenever the scene is deemed secure by law enforcement to address medical and/or behavioral health concerns, respectively.
 - c. **Known Individual/Repeated Calls Protocols**: For any known individual who makes repeated calls within a shift or 24-hour period where information indicates active psychosis with no other indicator of imminent risk, the individual will be diverted to the RCCC for behavioral health assessment.
2. **Low-Level Response Protocols**: Low-level response resources may include the following:

- a. Diversion to the Regional Crisis Call Center (RCCC): Where a low-level mental health crisis is encountered in the field with no known imminent risk, officers should divert to the RCCC whenever feasible. Officers should inform individuals or caregivers about the RCCC and assist individuals in connecting with the RCCC from the field, as appropriate. Additionally, officers should be mindful that low-level behavioral health concerns may be masked within police calls for service initially pertaining to criminal issues (e.g. disorderly conduct, trespassing, domestic concerns, etc.)

The RCCC will conduct a risk assessment and provide phone support or coordinate a regional mobile crisis team response if deemed appropriate. If the Co-Responder Team encounters a low-level mental health crisis, they will provide appropriate support from the field and inform the individual about the RCCC for future use. Diversion to the RCCC can occur from either the dispatch center at the Department of Public Safety Communications (DPSC) or the scene.

- b. Diversion to Detox: For adults engaged in active substance abuse behavior without imminent risk or medical concerns, officers should contact the Fairfax Detoxification Center. The Detox Diversion Outreach Team may elect to respond to the scene, if available.

VI. MERRIFIELD CRISIS RESPONSE CENTER PROCEDURES

- A. **Datasheets:** Any officer who transports an individual to the Merrifield Crisis Response Center (MCRC) on a voluntary basis or pursuant to an ECO or TDO case (regardless of location) shall complete a [MCRC Datasheet](#) for each case and ensure the information is forwarded to the FCPD Crisis Intervention Team.
 1. [Datasheets](#) shall be filled out electronically via CAD, computer, or mobile smart phone. This link can also be found via the [EDP Response Guide](#) which is available through the Department's Bluenet. In the rare circumstance that the electronic datasheet is off-line, officers may fill out [paper datasheets](#) and, upon completion, fax the sheets to **703-653-7127**.
- B. **Arrival Procedures:** Officers transporting an individual to the MCRC shall bring them into the facility through the building sally port and make all reasonable efforts to avoid public entry sites.
- C. **Voluntary Admissions**
 1. **MCRC Referrals:** Where an officer determines that an individual displaying signs of a mental health crisis would potentially benefit from a formal mental

health evaluation but does not presently meet emergency custody criteria, the officer should refer that individual to the Merrifield Crisis Response Center (MCRC) and request an available family member adult capable and willing to assume responsibility over the person accompany the individual to that location. If the person does not have a means of transport to the MCRC, officers may request assistance at the scene from the Mobile Crisis Unit or shall transport the person to the MCRC.

2. **MCRC Transports:** Whenever an officer transports an individual voluntarily to the MCRC or arranges to meet that individual at that location when a family member or other person transports them, the officer shall make contact with an on-duty MCRC mental health clinician and provide all relevant background information to them for the individual's evaluation. The officer shall further remain on scene at the MCRC until they are relieved by another officer or are informed by the attending clinician that their presence is no longer required. **Under no circumstances may a transporting officer "drop-off" an individual seeking mental health services and leave prior to consulting with and being excused to leave by an on-duty mental health clinician.** Officers may also be called upon to return to MCRC where an Emergency Custody Order (ECO) or Temporary Detention Order (TDO) is ultimately sought by the attending clinician.
3. **Revocation of Consent:** Where a voluntary individual revokes their original consent **and** meets ECO criteria, the officer shall take the individual into emergency custody and seek a mental health evaluation at the MCRC.

VII. EMERGENCY CUSTODY PROCEDURES

A. Paperless Emergency Custody Orders (Involuntary Detention)

1. **Adults:** Any officer who observes an adult displaying symptoms of mental illness may take that individual into emergency custody for an emergency mental health evaluation if the officer has probable cause, based upon either the officer's own personal observations or those of a reliable reporter that the individual:
 - a. Has a mental illness and there exists a substantial likelihood that, because of mental illness in the near future will,
 - i. Cause serious physical harm to themselves or others as evidenced by recent behavior causing, attempting, or threatening harm, or

- ii. Suffer serious harm due to their lack of capacity to protect themselves from harm or to provide for their basic human needs,
 - b. Is in need of hospitalization or treatment, and
 - c. Is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.
 - 2. **Juveniles:** Any officer who observes a juvenile displaying symptoms of mental illness may take that individual into emergency custody for an emergency mental health evaluation if the officer has probable cause, based upon either the officer's own personal observations or those of a reliable reporter that the individual, because of mental illness:
 - a. Presents a serious danger to themselves or others to the extent that serious or irreparable injury is likely to result, as evidenced by recent acts or threats, or
 - b. Is experiencing a serious deterioration of their ability to care for themselves in a developmentally age-appropriate manner, as evidenced by delusional thinking or by a significant impairment of functioning in hydration, nutrition, self-protection, or self-control, and
 - c. The minor is in need of compulsory treatment for a mental illness and is reasonably likely to benefit from the proposed treatment.
- B. **ECO Procedures:** Officers enacting emergency custody over a person shall ensure the following:
1. **Notify MCRC:** The officer enacting custody shall promptly contact the MCRC to inform them of the ECO and document the time of initiation in the CAD event for purposes of recording the onset of the eight (8) hour maximum custodial period. The officer shall then transport the individual to the MCRC or an otherwise designated medical facility for a mental health evaluation.
 2. **Persons with Medical Needs or Combative:** Where the medical needs of the individual under ECO necessitate medical attention, or the individual is combative and/or violent, officers shall seek to transport the individual directly to either Fairfax Hospital or Mt. Vernon Hospital (whichever is closer) and update the MCRC as soon as possible of their location. Where the individual under ECO requires immediate medical attention, officers shall request an ambulance to respond and for medics to transport the individual to the nearest hospital.

3. **Custodial Period:** The period of ECO custody shall not exceed eight (8) hours from the time of initiation. During this period, the officer shall remain with the individual until either a Temporary Detention Order (TDO) is issued, and they are properly relieved, or the ECO is released by a clinician. Officers shall notify the attending clinician and their supervisor approximately one hour prior to expiration of the eight-hour custodial period of the pending expiration.
 - a. Where an individual has been in custody for eight hours, and a TDO has not been issued, officers shall notify their supervisor, or when unavailable, the nearest on-duty patrol supervisor and attending CSB staff that they no longer can maintain custody over the individual and remove themselves from the scene. In doing so, officers shall:
 - i. Make all reasonable efforts to notify the complainant and any other person to whom the detained individual has made a threat towards. All attempts shall be documented in the officer's incident report in the current Records Management System (RMS) and note if the potentially affected individuals were successfully or unsuccessfully notified.
 - ii. Inform their supervisor as well as an on-duty supervisor in the affected patrol district where the individual may return of their possible return and known location(s) they may frequent.
 - iii. Accurately document the release circumstances of the individual in their incident report due to ECO time expiration and note the specific time the individual was taken into custody, as well as note the names of their supervisor and CSB staff who were notified that the custodial time period had expired.
 - iv. Offer to return the person to the location where custody originally commenced or find a mutually agreeable solution.
 - v. Notify the on-duty CIT supervisor of the ECO's expiration for tracking purposes. If a CIT supervisor is not available, the report shall be forwarded via the current RMS or email to the CIT Commander for tracking purposes.
 - b. Whenever feasible, officers should coordinate with CSB upon notification of an upcoming ECO expiration to verify if voluntary placement or other resources may be applicable and/or appropriate.

- c. Officers may also enact new ECOs where the individual continues to exhibit or displays additional behavior indicating that they are still a danger to themselves or others, or lack the ability to care for themselves, thus meeting criteria necessitating the issuance of emergency custody.

VIII. TEMPORARY DETENTION ORDER PROCEDURES

A. **Medical Clearance:** Where a temporary detention order (TDO) is sought by a clinician, officers shall transport the detained individual to Fairfax Hospital for medical clearance prior to that individual's admission at a receiving facility and notify a triage nurse that the detained individual is being held on a TDO requiring medical clearance.

1. **Fairfax Hospital:** Where the detained individual is being medically cleared and being placed/accepted under the TDO at Fairfax Hospital, officers are required to stay with that individual for at least one hour, upon which time hospital security should assume custody. Officers shall notify their (1) supervisor, (2) the charge nurse, and (3) hospital security to advise of the transfer of custody and shall not leave until relieved by hospital security.

2. **Northern Virginia Mental Health Institute or other Facilities:** Individuals being housed at the Northern Virginia Mental Health Institute, or any other facility as listed on the TDO shall remain in the custody of an officer at all times until medically cleared and transported by the officer to that facility.

3. **Exceptions:** The following circumstances may occur where officers shall be required to wait with a detainee beyond the one hour time limit:

a. Where reasonable belief exists that a detained individual poses a unique safety and/or escape risk, or is acting or has acted violently.

b. At the direction of a supervisor or commander.

Note: Where disagreements arise between officers and hospital staff pertaining to officers maintaining custody beyond the one hour time limit, consultation with an on-duty supervisor shall occur. If the disagreement still cannot be resolved, the Duty Officer shall make a final determination.

B. **Safety Escorts:** Officers shall assist with escorting detained individuals to any secure location within the hospital during transfers of custody whenever requested by hospital staff. Officers shall further ensure they complete the portion of the TDO titled "Date and Time Respondent Delivered to Facility", thereby legally transferring custody of the person over to the hospital.

- C. **Alternate Locations of Care:** Where the detained individual is not placed on a secure psychiatric floor of the hospital prior to officers leaving the hospital, officers shall notify their supervisor that they have cleared the hospital and advise them of the location of the detainee. Officers shall also note the last known location of the detainee in their MCT event history as well as in an incident report or supplement in the Department's current records management system.
- D. **Service of TDO:** When a TDO is issued, the officer shall serve it on the respondent as soon as practicable. Once a TDO bed has been identified as available for the respondent, the PLC will coordinate transportation of the respondent to the specific facility listed either on the TDO or Notice of Alternative Facility Temporary Detention Form (Change of Venue Form) (DC-4044).
- E. **Petitioners:** Family members or others close to the respondent should be used as petitioners whenever possible. Officers should only serve as petitioners where immediate detention is necessary and there is no family member or other individual available to request detention.
- F. **Juvenile TDOs:** TDOs of juveniles necessitate the attempted service of a petition (DC-4001 form) to the juvenile's parent or legal guardian to advise them of the circumstances of the TDO. Service of this petition is the responsibility of the Sheriff's Department; thus, notification must be made to the Sheriff's Department whenever applicable. This notification may be accomplished through an on-duty CIT Supervisor or the Police Liaison Commander.
- G. **Hearings Following Involuntary Admission:** Hearings must be held within 72 hours (96 hours for juveniles) after execution of the TDO unless waived by the respondent. If expiration of the 72-hour period occurs on a day (or portion of a day) where court is not in session, the hearing shall be extended until the close of the court's business on the next day court is in session. Officers executing TDOs are not required to attend hearings unless specifically named as the petitioner. Petitioning officers may attend hearings electronically and will receive the video link to attend from the County Attorney's office.

IX. **SERVICE OF EMERGENCY CUSTODY ORDERS AND TEMPORARY DETENTION ORDERS**

- A. **TDO Verification:** Officers who receive issued ECOs or TDOs shall verify it has been properly completed and signed, specifically noting the date, time of issuance, execution, and place of detention. Officers shall further ensure the order is documented and updated in the Department's Records Management System (RMS) upon service in accordance with instructions provided in the

Department's [Report Writing Manual](#). Paper ECOs must be executed within 8 hours of issuance, and TDOs must be executed within 24 hours of issuance.

- B. **Execution Block:** Officers are required to fill out the execution block (located in the lower left-hand corner) of the TDO. Failure to do so within 24 hours will cause the TDO to become expired/void and may also result in refusal by the receiving facility to accept the respondent or possible dismissal of the matter and release of the respondent during a subsequent commitment hearing.
- C. **Out of County TDO Service:** Per the [Code of Virginia](#), officers may be required to respond up to fifty (50) miles outside of Fairfax County for TDO service of any Fairfax County resident.
- D. **Juveniles:** Officers are responsible for service of TDOs on a juvenile and transportation to an approved receiving facility. Service of accompanying juvenile petitions for involuntary commitment may only be performed by a Deputy Sheriff per the Code of Virginia. Where an officer requires the assistance of a Deputy Sheriff in these cases, the officer shall notify their supervisor who will, in turn, notify the Adult Detention Center (ADC) shift commander at 703-246-4407 of the need for assistance.
- E. **Northern Virginia Mental Health Institute:** Officers may conduct transports to the Northern Virginia Mental Health Institute, however, TDO service at this location falls solely under the jurisdiction of the Virginia State Police.
- F. **Expiration of Order:** Where an order expires **prior to execution**, it shall be returned to the issuing authority's office. If a TDO (24 hours) or paper ECO (8 hours) cannot be served prior to expiration, the magistrate's office shall be notified and informed of the reason service was not made. The magistrate's office may then determine whether or not to issue another order, or whether the original paper ECO or TDO should be returned to the court of origin. If an order expires **after** it is executed, the order shall be faxed to the County Attorney's Office (703-653-1366) to be surrendered to the Special Justices of the Court.

X. CUSTODY AND TRANSPORTATION OF INDIVIDUALS UNDER TDO

- A. **General Transportation Procedures:** Per the [Code of Virginia](#), officers may be required to transport individuals for placement into an accepting mental health facility listed on an issued TDO or [Alternative Facility of Temporary Detention Form \(Change of Venue Form\) \(DC-4044\)](#) to any facility located throughout the Commonwealth of Virginia. When alternative transport is not available or appropriate, individuals taken into custody remain the responsibility of the custodial officer until transportation is complete and custody can be assumed by

personnel at the receiving facility. All custody and custodial transfers shall be documented on an [MCRC electronic datasheet](#).

- B. **Transport Events**: Any officer transporting a respondent under a TDO shall create a transport event and notify DPSC via CAD or radio of the officer's destination. Officers shall follow all guidelines contained in FCPD [General Order 203](#), Prisoner Care and Custody, and FCPD [General Order 509](#), Body Worn Camera and In-Car Video Systems.
- C. **Medical Treatment**: Individuals in custody pursuant to a TDO in need of prompt medical treatment independent of their mental health diagnosis or medical clearance requirement(s) shall be taken to the nearest hospital emergency room prior to being transported to the receiving facility. Where the individual's medical needs are immediate and/or of a life-threatening nature, officers shall request an EMS response to their location for assessment and transport and personally render appropriate medical aid as capable and necessary under the circumstances. That individual shall remain in law enforcement custody, pursuant to the issued TDO, until such time as they can be transported to the receiving facility upon receiving medical clearance.

Where it is determined that the original accepting facility listed on the TDO can no longer accept the individual, officers shall contact a clinician at the MCRC. Clinicians at the MCRC can contact the Office of the Magistrate to request a change of venue be made on the TDO. Upon approval by the Magistrate to change the name of the TDO receiving facility, either the Magistrate or clinician will provide the officer with a [Notice of Alternative Facility of Temporary Detention Form \(DC-4044\)](#). This form shall be given to the new receiving facility along with the remainder of the TDO paperwork. Officers should keep a copy of this form and fax it, along with the TDO, to the General District Court Clerk, County Attorney's Office, MCRC, and Warrant Desk.

- D. **Use of Restraints**: Proper restraint devices, to include seatbelts, shall be used at all times during transport to prevent injury and/or escape. The decision to use handcuffs shall be at the discretion of the transporting officer. Use of supplemental restraints for extremely violent individuals shall be in accordance with FCPD [SOP 07-029, Supplemental Restraints](#).
- E. **Transports**: Local transportation should only occur in a cruiser equipped with a safety shield, with two officers whenever practical. Long-distance transports shall only be conducted with two officers. Officers shall make all reasonable efforts to ensure proper care of the individual during transportation. This may include the facilitation of restroom stops during long-distance transports utilizing secure locations (Police/Sheriff facilities). Officers shall cooperate with, and

assist personnel at, any receiving facility when delivering a respondent under a TDO. This may include compliance with facility regulations concerning the securing of police weapons to enter the facility.

F. **Alternative Transportation Program:** Per the Code of Virginia, use of the [alternative transportation program](#) for transports shall be at the discretion of the magistrate with guidance from the assessing clinician.

G. **Wellness Circle Crisis Stabilization Unit:** At the direction of the Magistrate, respondents may be detained at the Wellness Circle Crisis Stabilization Unit (4410 Shirley Gate Rd.), which serves as an approved detention facility per the Department of Behavioral Health and Developmental Services and is maintained by the CSB, however, it is not considered to be a secured facility and is only proper for those respondents under TDO who are not considered a threat of either violence or escape. Officers shall not guard any individual received at this facility as their statutory authority ends upon delivery of the respondent at this location when it is listed as a receiving facility on the TDO.

XI. TRANSFER OF CUSTODY TO CRISIS INTERVENTION TEAM MEMBERS

A. **Crisis Intervention Team Custodial Acceptance:** Crisis Intervention Team members at the MCRC or INOVA Fairfax Hospital may accept custodial transfers from the following law enforcement agencies:

1. Fairfax County Police Department
2. Fairfax County Sheriff's Office
3. Fairfax City Police Department
4. Vienna Police Department
5. City of Falls Church Police Department
6. Town of Herndon Police Department
7. George Mason Police Department
8. Northern Virginia Community College Police Department

B. **Transfer of Custody Requirements:** For a custodial transfer to occur, the following parameters must be met:

1. The respondent must be under the emergency custody of a law enforcement officer and a clinician has made a determination that issuance of a TDO against the individual is warranted. The initiating custodial officer shall then be responsible for completing and submitting an electronic MCRC Data Sheet.
2. When a Crisis Intervention Team member (officer or deputy) is available to assume custody over the individual, those officers and deputies have final

determination over whether custody transfers shall occur. At the request of the Crisis Intervention Team member officer or deputy, officers may be requested to remain with the respondent for officer safety purposes, and where a respondent has demonstrated a propensity for violence, no less than two law enforcement officers should maintain custody over the respondent, until the individual becomes calm and it is determined it is safe for only one officer to maintain custody.

3. Officers from the district station where a respondent was originally taken into custody may be requested to return and re-assume custody over a respondent if a Crisis Intervention Team member (officer or deputy) is no longer available to maintain custody.

XII. FCPD CO-RESPONDER UNIT

The Department, in cooperation with the CSB, has created Co-Responder Teams consisting of a CIT trained officer and an MCRC clinician. These teams will listen for, and respond to, in-progress mental health related calls for service countywide. This program is designed to help better serve community members that are in a mental health crisis and alleviate some burden on patrol. Officers may still be dispatched to these calls and may be potentially responsible for enacting an ECO, voluntary transportation, medical clearances, guard duty etc. The co-responder team, when available, will coordinate their response with other dispatched units via police radio or CAD.

XIII. COMMUNITY RESPONSE TEAM

- A. The [Community Response Team](#) (CRT) is a joint initiative between the Department and other County agencies designed to focus and assist individuals with mental health and substance abuse concerns. The team consists of a Fairfax County Fire and Rescue Department EMT and MCRC clinician whose purpose is to respond into the community in order to provide assessment, engagement, outreach, and referrals for individuals that are deemed “super-utilizers” of public safety resources. CRT may request FCPD assistance at any time for calls where there are active safety concerns.
- B. Where an officer recognizes that an individual is a current or potential super-utilizer who frequently requests public safety assistance, the officer should submit a referral via the [Fairfax County Community Response Team Referral Form](#) online using their County login credentials.

XIV. MOBILE CRISIS UNIT

- A. The Mobile Crisis Unit (MCU) is comprised of mental health professionals operating out of the MCRC and operates during the hours of 0800 to midnight, seven days a week. During these times, MCU is available for consultation (including individuals in a mental health crisis who are unwilling or unable to come to a mental health facility), callout, and assistance on critical incidents (e.g. barricades) and can be contacted via CAD (MCRC1) or by calling 703-573-5679.
- B. Where MCU responds to a scene to assist, requesting officers shall remain on scene until cleared to leave by MCU. For voluntary cases, MCU may request officer assistance with transportation to MCRC or a medical facility.
- C. MCU is considered to be a reliable reporter for mental health assessment purposes, and may, at times be willing to serve as a petitioner, however, MCU does not have authority to take individuals into custody.

XV. DIVERSION FROM ARREST

- A. **Diversion Procedures:** As part of the countywide Diversion First initiative, individuals experiencing a mental health crisis who commit low-level criminal offenses (e.g. trespassing, disorderly conduct) may potentially be diverted from arrest by an officer and taken to the MCRC. Diversion eligibility may also incorporate information received from either a medical professional or attending clinician. In order for diversion to occur, the following criteria must be met:
 - 1. The individual must be at least 18 year of age or, in the case of a juvenile, have the permission of a parent or legal guardian to participate in diversion and be experiencing a mental health crisis.
 - 2. The individual has committed a criminal offense for which any victim(s) does not wish to prosecute or has committed a low-level criminal offense (e.g. trespassing, disorderly conduct) in the officer's presence where diversion would be a more appropriate solution. In these instances, officers shall advise any victim of the diversion program and ascertain if they are willing to forego criminal charges in lieu of arrest. Where a victim still wishes to prosecute, officers shall follow arrest protocol in accordance with FCPD [General Order 601](#), Arrest Procedures.
- B. **Seeking of Criminal Warrants:** Officers are expected to exercise sound discretion before seeking a warrant against an individual engaged in a mental health crisis for a criminal offense whenever possible. Where probable cause exists for physical arrest in these cases, and no immediate action is required,

officers should consult with their supervisors and, if possible, the Office of the Commonwealth's Attorney on the most prudent course of action prior to seeking charges. This includes, but is not limited to, instances where an individual in a mental health crisis inadvertently makes incidental and/or accidental contact with an officer that technically constitutes assault on a law enforcement officer, but the totality of the circumstances, to include the individual's cognitive abilities, severity of the act, lack of criminal intent and any incurred injury, precludes the automatic seeking of a felony charge.

- C. **ADC Notifications:** Where an officer ultimately transports the individual to the Adult Detention Center, ADC personnel shall be advised that the individual may be possibly experiencing a mental health crisis.
- D. **Diversion Awareness:** Where an officer deems an individual to be eligible for diversion, they shall explain the process to the individual in an effort to gain understanding and compliance with the process and explain that MCRC treatment may serve in lieu of pursuing criminal charges. Where the person in crisis agrees to diversion or lacks sufficient capacity to understand that diversion may be the most optimal course of action, the officer shall transport that person to the MCRC for assessment. Individuals who do not consent to participate in diversion, or do not meet diversion criteria (involuntary detention) shall be processed in accordance with FCPD [General Order 601](#), Arrest Procedures. Individuals participating in diversion may not leave the MCRC prior to being assessed by a clinician. Where the individual does not meet criteria for involuntary detention, the investigating officer shall determine whether to continue with arrest procedures for the original offense or seek warrants to be served at a later time.
- E. **Domestic Violence Cases Involving Emotionally Distressed Individuals:** Where family members encounter a relative experiencing a mental health crisis who commits an act of simple assault against another family member and that individual does not wish to prosecute, with concurrence of a supervisor (see also FCPD [General Order 602](#), Domestic Incidents, Protective Orders, and Substantial Risk Orders), officers may invoke an ECO for offenders meeting criteria in lieu of criminal arrest. Where an assessing clinician finds the individual does not meet involuntary commitment criteria, the officer shall then proceed with criminal arrest in accordance with FCPD [General Order 601](#), Arrest Procedures.

XVI. DOCUMENTATION PROCEDURES

- A. **EDP Documentation:** Any officer who makes contact with what appears to be a person experiencing a mental health crisis shall document their actions in the current RMS. For tracking purposes, the event "**Service-Emotionally**

Distressed Person Case,” shall be included as either a primary or supplemental event type. Officers shall not 10-99 these encounters under any circumstances.

- B. **Diversion Documentation:** Where a case is referred for diversion, officers shall include the event, **“Service-Jail Diversion”** in the incident report. Case status and disposition of the event will be Closed/Cleared – Closed by Arrest. Accordingly, an arrest record for the individual will be necessitated to document this event, which should include, in the Summons number field the word **“DIVERSION”** to indicate this charge was submitted for diversion. Officers should leave the Arrest number field blank.

XVII. LEGAL REFERENCES

- A. [Va. Code Ann § 9.1-102](#): Powers and duties of the Board and the Department.
- B. [Va. Code Ann. § 9.1-193](#): Mental health awareness response and community understanding services (Marcus) alert system; law-enforcement protocols.
- C. [Va. Code Ann. § 16.1-246](#): When and how child may be taken into immediate custody.
- D. [Va. Code Ann. § 16.1-340](#): Emergency custody; issuance and execution of order.
- E. [Va. Code Ann. § 16.1-340.1](#): Involuntary temporary detention; issuance and execution of order.
- F. [Va. Code Ann. § 16.1-340.2](#): Transportation of minor in the temporary detention process.
- G. [Va. Code Ann. § 16.1-341](#): Involuntary commitment; petition; hearing scheduled; notice and appointment of counsel.
- H. [Va. Code Ann § 37.2-311.1](#): Comprehensive crisis system; Marcus alert system; powers and duties of the Department related to comprehensive mental health, substance abuse, and developmental disability crisis services.
- I. [Va. Code Ann. § 37.2-805](#): Voluntary admission.
- J. [Va. Code Ann. § 37.2-808](#): Emergency custody; issuance and execution of order.
- K. [Va. Code Ann. § 37.2-809](#): Involuntary temporary detention; issuance and execution of order.
- L. [Va. Code Ann. § 37.2-810](#): Transportation of person in the temporary detention process.

M. [Va. Code Ann. § 37.2-814](#): Commitment hearing for involuntary admission; written explanation; right to counsel; rights of petitioner.

General Order 609 becomes effective on the above date and rescinds all previous rules and regulations pertaining to the subjects.

ISSUED BY:



Chief of Police

APPROVED BY:



County Executive