



# Alexandria Police Department

## Directive 11.13



# MENTAL HEALTH CASES

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### 11.13.01 POLICY/PURPOSE

It is the policy of this Department to protect the safety, dignity, and rights of persons with mental illness and to protect the community from potentially dangerous behavior.

Mental illness is described as any of the various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

The purpose of this Directive is to establish procedures for dealing with persons who have a mental illness. These procedures include the establishment of Crisis Intervention Teams (CIT) consisting of officers with specialized training in recognizing symptoms of mental illness and identifying persons in crisis. These procedures also establish the

Alexandria Co-Response Program (ACORP) consisting of a CIT officer and a Community Services Board (CSB) clinician responding as a team to calls for service involving mental health and persons in crisis. In crisis situations involving persons threatening a high-risk suicide attempt, a member of the Hostage Negotiations Team (HNT) and a member of the Special Operations Team (SOT) should be called to assist with the assessment of the incident. A high-risk suicide attempt is defined as one in which the attempter is threatening suicide by a method that can cause harm to others to wit: firearm, edged weapon or jumping from a high place. Nothing in this directive shall prohibit any officer from initiating lawful arrest procedures whenever appropriate.

#### **11.13.02 AUTHORITY**

**Code of Virginia § 37.2-808** states in part, "A law enforcement officer who, based upon his observation or the reliable reports of others, has probable cause to believe that a person (i) 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, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment, may take that person into custody and transport him/her to an appropriate location to assess the need for hospitalization without prior judicial authorization. Such evaluation shall be conducted immediately by a person designated by the community services board who is skilled in the diagnosis and treatment of mental illness in order to assess the need for hospitalization." "The person shall remain in custody until a temporary detention order is issued, until the person is released, or until the emergency custody order expires. An emergency custody order shall be valid for a period not to exceed eight hours from the time the law-enforcement officer takes the person into custody."

Under this section of the law, responsible person(s) may petition a magistrate to issue an Emergency Custody Order (ECO) requiring that a person (as described above) be taken into custody and transported to a convenient location to be evaluated for the need for hospitalization.

**Code of Virginia 37.2-808** further states:

"The magistrate issuing an emergency custody order shall specify the primary law-enforcement agency and jurisdiction to execute the emergency custody order and provide transportation. However, in cases in which the emergency custody order is based upon a finding that the person who is the subject of the order 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, suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, the magistrate may authorize transportation by an alternative transportation provider, including a family member or friend of the person who

is the subject of the order, a representative of the community services board, or other transportation provider with personnel trained to provide transportation in a safe manner, upon determining, following consideration of information provided by the petitioner; the community services board or its designee; the local law-enforcement agency, if any; the person's treating physician, if any; or other persons who are available and have knowledge of the person, and, when the magistrate deems appropriate, the proposed alternative transportation provider, either in person or via two-way electronic video and audio or telephone communication system, that the proposed alternative transportation provider is available to provide transportation, willing to provide transportation, and able to provide transportation in a safe manner. When transportation is ordered to be provided by an alternative transportation provider, the magistrate shall order the specified primary law-enforcement agency to execute the order, to take the person into custody, and to transfer custody of the person to the alternative transportation provider identified in the order. In such cases, a copy of the emergency custody order shall accompany the person being transported pursuant to this section at all times and shall be delivered by the alternative transportation provider to the community services board or its designee responsible for conducting the evaluation. The community services board or its designee conducting the evaluation shall return a copy of the emergency custody order to the court designated by the magistrate as soon as is practicable. Delivery of an order to a law-enforcement officer or alternative transportation provider and return of an order to the court may be accomplished electronically or by facsimile.

Transportation under this section shall include transportation to a medical facility as may be necessary to obtain emergency medical evaluation or treatment that shall be conducted immediately in accordance with state and federal law. Transportation under this section shall include transportation to a medical facility for a medical evaluation if a physician at the hospital in which the person subject to the emergency custody order may be detained requires a medical evaluation prior to admission.

A law-enforcement officer who is transporting a person who has voluntarily consented to be transported to a facility for the purpose of assessment or evaluation and who is beyond the territorial limits of the county, city, or town in which he serves may take such person into custody and transport him to an appropriate location to assess the need for hospitalization or treatment without prior authorization when the law-enforcement officer determines (i) that the person has revoked consent to be transported to a facility for the purpose of assessment or evaluation, and (ii) based upon his observations, that probable cause exists to believe that the person meets the criteria for emergency custody as stated in this section. The period of custody shall not exceed eight hours from the time the law enforcement officer takes the person into custody.

A representative of the primary law-enforcement agency specified to execute an emergency custody order shall notify the community services board responsible for conducting the evaluation as soon as practicable after execution of the emergency custody order or after the person has been taken into custody.

Any person taken into emergency custody shall be given a written summary of the emergency custody procedures and the statutory protections associated with those procedures.

If an emergency custody order is not executed within eight hours of its issuance, the order shall be void and shall be returned unexecuted to the office of the clerk of the issuing court or, if such office is not open, to any magistrate serving the jurisdiction of the issuing court.”

**Code of Virginia § 37.2-809** - details procedures for the issuance and execution of involuntary temporary detention orders. Temporary Detention Orders (TDOs) are issued by a magistrate upon the sworn petition of any responsible person, treating physician, or upon his own motion and only after an evaluation conducted in-person or by means of a two-way electronic video and audio communication system as authorized in § 37.2-804.1 by an officer or a designee of the local community services board to determine whether the person meets the criteria for temporary detention. A temporary detention order may be issued if it appears from all evidence readily available, including any recommendation from a physician or clinical psychologist treating the person, that the person (i) 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, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment. The magistrate shall also consider the recommendations of any treating or examining physician licensed in Virginia if available either verbally or in writing prior to rendering a decision. Any temporary detention order entered pursuant to this section shall provide for the disclosure of medical records pursuant to § 37.2-804.2. This subsection shall not preclude any other disclosures as required or permitted by law.”

Detention orders are issued in quadruplicate. The officer serving the detention order will return the original to the magistrate so it may be forwarded to the court, leave the second and third copies with the Mental Health representative at the final destination hospital, and leave the fourth copy with the patient. The final destination hospital will be noted on the original copy by the serving officer.

The person detained or in custody shall be given a written summary of the temporary detention procedures and the statutory protections associated with those procedures.

The office of Sheriff handles transporting persons from the final destination hospital to the court or other mental health institutions.

**Code of Virginia § 37.2-810** details procedures for transportation and detention of persons with mental illness. Should such person escape from custody, procedures can be found in § **37.2-833**.

**Code of Virginia § 9.1-187** establishes Crisis Intervention Team programs. It supports the development and establishment of crisis intervention team programs in areas throughout the Commonwealth to assist law-enforcement officers in responding to crisis situations involving persons with mental illness, substance abuse problems, or both. The goals of the crisis intervention programs are to:

1. Provide immediate response by specially trained law-enforcement officers,
2. Reduce the amount of time officers spend out of service awaiting assessment and disposition,
3. Afford persons with mental illness, substance abuse problems, or both, a sense of dignity in crisis situations,
4. Reduce the likelihood of physical confrontation,
5. Decrease arrests and use of force,
6. Identify underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care,
7. Provide support and assistance for mental health treatment professionals,
8. Decrease the use of arrest and detention of persons experiencing mental health and/or substance abuse crises by providing better access to timely treatment,
9. Provide a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law-enforcement or jail facility,
10. Increase public recognition and appreciation for the mental health needs of a Community,
11. Decrease injuries to law-enforcement officers during crisis events,
12. Reduce inappropriate arrests of individuals with mental illness in crisis situations, and
13. Decrease the need for mental health treatment in jail.

**Code of Virginia § 9.1-188** requires the Department of Criminal Justice Services (DCJS) to develop a training program for all persons involved in crisis intervention team programs.

**Code of Virginia § 9.1-189** requires that each crisis intervention team develop a protocol that permits law-enforcement officers to release a person with mental illness, substance abuse problems or both, whom they encounter in crisis situations, from their custody

when the crisis intervention team has determined the person is sufficiently stable and to refer him for emergency treatment services.

**Code of Virginia § 9.1-190** requires that the DCJS, and the Department of Behavioral Health and Developmental Services assess and report on the impact and effectiveness of the crisis intervention team programs in meeting the program goals. The assessment shall include, but not be limited to, consideration of the number of incidents, injuries to the parties involved, successes and problems encountered, the overall operation of the crisis intervention team programs, and recommendations for improvement of the program. The DCJS and the Department of Behavioral Health and Developmental Services, shall submit a report to the Joint Commission on Health Care by November 15, 2009, 2010, and 2011.

Officers having questions concerning any of the procedures cited above may access the specific code references through the Department's electronic directives system, or by referring to a State Code manual.

<b>11.13.03      CRISIS INTERVENTION TEAM (CIT)</b>
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Protocol:

Crisis Intervention Team (CIT) Officers will assist police personnel when interacting with persons with mental illnesses and co-occurring disorders.

Based on the totality of the circumstances the CIT Officer will determine the appropriate course of action to include but not limited to criminal charges, Emergency Custody Order, or being released with recommended follow-up by mental health.

CIT Officers should consider consulting with [ACORP](#), [CSB](#), and other pertinent resources when determining the course of action. CIT Officers should consider Detox, the subject's family, and the option of drop off at the Mental Health Center as options when releasing the subject from custody.

Duties:

- A. On duty CIT member may be dispatched and/or volunteer to respond to the scene to assist with the evaluation of the person.
- B. An on-scene officer may request a supervisor to assign an on-duty CIT officer for assistance if needed.
- C. On duty HNT personnel should be dispatched to high-risk suicide attempts. In such cases, if a CIT officer arrives on-scene prior to HNT personnel, HNT personnel will assume the lead role in establishing dialogue with the person upon their arrival.

**11.13.04 ALEXANDRIA CO-RESPONSE PROGRAM (ACORP)**Protocol:

It is policy of the Alexandria Police Department to maintain a Co-Response Program which pairs a CIT officer with a CSB clinician forming a Co-Response Team who will respond as a team to help de-escalate situations involving persons in crisis and offer the appropriate resources or community services. In addition, the Co-Response Teams will conduct follow up and home visits involving 911 high utilizers and other persons in crisis. The Co-Response Teams will follow up with individuals, family members, and caregivers after a crisis to reduce the likelihood of further crisis situations by offering support and/or resources to encourage consumer services and treatment engagement.

Duties:

- A. The primary mission of the Co-Response Team is to handle calls for service involving persons in mental health crisis.
- B. When a Co-Response Team is available, their response will supersede the response of CIT officers. On-duty CIT officers will continue to be dispatched and/or volunteer to respond to the scene to assist with the evaluation of the person with a mental illness and/or co-occurring disorder when the Co-Response Team is busy on another call or otherwise unavailable.
- C. The Co-Response Team will determine the appropriate course of action in relation to the consumer. The Co-Response Team should make the determination if an Emergency Custody Order (ECO) is appropriate.
- D. If involuntary hospitalization can be diverted, the Co-Response team will provide relevant resources.
- E. If it is determined that a criminal offense has occurred on a call where the Co-Response Team is present, the primary patrol officer shall handle the criminal investigation. If the mental health call for service mandates a police report, and no criminal offense occurred, the Co-Response Team will be responsible for completing the associated paperwork.
- F. On duty HNT personnel should be dispatched to high-risk suicide attempts. In such cases, if a Co-Response Team arrives on-scene prior to HNT personnel, HNT personnel will assume the lead role in establishing dialogue with the person upon their arrival. The Co-Response Team will assist as needed.

**11.13.05 RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS****A. Indicators of Mental Illness:****[41.2.7.a]**

At times, officers will be faced with a situation in which no friends or family are available to provide insight into the medical history of the individual in question. Therefore, officers must have the ability to pick up on verbal, environmental, and behavioral clues, which establish the mental state of the individual in question.

These indicators include:

1. Verbal Cues:

- a. Illogical thoughts such as loose associations, grandiose ideas, ideas of persecution, and obsessive thoughts,
- b. Unusual speech patterns such as nonsensical speech or chatter, word repetition, extremely slow or rapid speech, and
- c. Verbal hostility or excitement such as talking excitedly or loudly, threatening harm, and argumentative or belligerent hostility.

2. Environmental cues:

- a. Strange decorations or inappropriate use of household items,
- b. Hoarding and accumulating trash or waste matter; and
- c. Strange attachment to childish objects or unusually shaped items.

3. Behavioral cues:

- a. Wearing bizarre makeup, clothing, or clothing which is inappropriate for the season,
- b. Strange posture or mannerisms such as constantly looking over their shoulder or maintaining an unusual position for a long period of time,
- c. Continuous pacing,
- d. Sluggish or repetitive movements,
- e. Responding to voices or objects that are not there,
- f. Confusion about or unawareness of surroundings,

- g. Lack of emotional response,
- h. Self-inflicted injury,
- i. Facial expressions of sadness or grief, and
- j. Inappropriate emotional reactions.

#### **B. Communicating with Mentally Ill Persons:**

Proper communication skills are key in de-escalating a situation involving an individual having, or suspected of having, a mental illness. Remember, your goal is to control the situation. Therefore, the following procedures will apply when communicating with persons suspected of suffering from mental illness:

1. At least two officers will be dispatched to the scene.
2. Upon arrival, only one officer will communicate with the mentally ill person and will:
  - a. Speak in a clear and simple manner,
  - b. Never be judgmental or taunting toward the person,
  - c. Assure the person of his/her safety,
  - d. Attempt to calm the individual by showing an understanding of his/her feelings,
  - e. Encourage communication and allow the person to vent his/her emotions,
  - f. Ask one question at a time and allow the individual adequate time to answer,
  - g. Maintain eye contact and repeat the question if the individual is distracted or confused by any question,
  - h. Ask the individual to repeat any instructions back to ensure comprehension, and
  - i. Ask open-ended questions to avoid yes or no answers.
3. The other officer(s) will:
  - a. Communicate with family, friends, or neighbors regarding the mentally ill person for additional data and medical history of the person, and
  - b. Remove friends, family, and neighbors from the scene if they are agitating the mentally ill person.
4. All officers will:
  - a. Maintain a non-threatening posture and voice,
  - b. Not deceive, stare at, or ridicule mentally ill individuals,
  - c. Not take verbal abuse personally,
  - d. Avoid using force unless the individual becomes violent toward himself, officers, or others,
  - e. Keep their weapon side away from the individual and the firearm holstered unless its use is justified, and

- f. Work together to restrain the individual, if necessary.

Remember, hostility should not be met with hostility, but, rather, with carefully applied verbal commands or physical restraint. Mentally ill persons will not react conventionally to orders. The use of a weapon must be restricted to defending your life and that of other persons. Think safety and treatment, not punishment and retribution.

### C. Call Classification Code

A new call classification code has been added to our dispatch system to specifically track calls for service involving mental illness cases called, "Mental Health Case". The dispatchers and call takers can select this as a classification type, and Officers can also change the call type to this classification when they complete an incident. The Communications code is "9936". If on duty and available, the Co-Response Team shall be dispatched to calls for service classified as Mental Health Case, Suicide, or any call in which the dispatcher has entered a "Mental Health Potential" command line.

This classification should be used anytime an officer transports a subject to the hospital, or contacts Mental Health on any call involving a person in need of mental health services. Depending on the information received by Communications, calls may still initially start out with another classification (i.e., Suicide, Suspicious Person, etc.) but once the Officer has completed the investigation, he/she should reclassify it as a "Mental Health Case". Officers should note in the "Remarks/Comments" section whether or not an attempt was made to obtain an ECO and whether or not it was actually obtained.

11.13.06	NON-CRIMINAL CASES	[41.2.7.b]
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**If there is no offense warranting arrest, the following procedures will apply:**

#### A. Voluntary Admission

1. Responding officers may request ACORP.
2. If the person appears to be of no danger to self or others, the officer will consult a supervisor to ascertain if transportation should be provided.
3. The responding officer may suggest that the family contact personnel at the Alexandria Mental Health Center ([4850 Mark Center Drive](#)) for assistance in accessing the least restrictive care.
4. If no family members can be readily contacted and the person appears to be a danger to self or others, the responding officer will make the "heads up" phone call to INOVA Alexandria Hospital (as listed in B.6.b. below) and may (non-custodially) transport the person to INOVA Alexandria Hospital.

5. The transport will be accomplished with an additional officer as needed. A supervisor will be consulted in all cases and advise whether a second officer will be utilized to assist in the transport. Officers do not need to stand by INOVA Alexandria Hospital with a Voluntary commitment.
6. No PD-7 is required in a voluntary admission case.

#### **B. Involuntary Detention**

The steps below are procedures for the involuntary detention of a person suspected of being mentally ill.

1. Officers responding to incidents involving persons with suspected mental illness will advise the family that they may petition a Magistrate or the General District Court for a detention order. The family should obtain assistance from Alexandria Community Services Board (703-746-3401) via an Emergency Services (ES) Clinician to obtain an Emergency Custody Order (ECO).
2. If the family declines to petition for an Emergency Custody Order and the person appears to be of no danger to himself or herself or others, the responding officer will return to service after referring the family to the Alexandria Mental Health Center.
3. If no family or other responsible party is present, and the person is no danger to self or others but exhibits obvious signs of mental illness, the officer will call the Mental Health Center and inform staff of the circumstances surrounding the call for service. Mental Health staff will arrange follow-up or outreach efforts.
4. If it is determined that the person has been personally examined within the previous seventy-two hours by a Mental Health representative, or other person skilled in the assessment and treatment of mental illness, a magistrate may issue an Emergency Custody Order without an in-person evaluation.
5. In talking to either a magistrate or the Mental Health representative, officers will simply describe the activities of the person, avoiding the use of technical terms.
6. If no family is available and the Officer has probable cause to believe that the person (i) 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, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment, the responding officer will make notification as described below and custodially transport the person to INOVA Alexandria Hospital, accompanied by a second officer if needed.

- a. Notification of the Alexandria Community Services Board and INOVA Alexandria Hospital - The 24-hour telephone number for the Alexandria Mental Health Center, located at *4850 Mark Center Drive*, is 703-746-3401. After normal working hours this number is answered by a Mental Health staff member, who will furnish any necessary assistance. Officers will call the above number when they find themselves in a situation that may result in taking an individual to INOVA Alexandria Hospital. Upon receiving this notification, the on-duty mental health worker will go to the emergency room to assist the police in a more timely manner. This notice should minimize waiting for a mental health assessment of an individual in police custody. It should be noted, however, that the Emergency Services Clinician cannot evaluate the patient in the Emergency Room (ER) until they have been asked to do so directly by ER staff.
  - b. Officers will also make a “heads up” phone call to the charge nurse at INOVA Alexandria Hospital at 703-504-3065, which is a 24-hour telephone number. Advise the charge nurse of the following if practical to do so:
    - Name, age, and gender of person
    - Medical and mental condition of the person noting whether this is a voluntary or involuntary commitment
    - Person’s demeanor
    - ETA
  - c. Upon arrival, go directly to the Police Room and call the charge nurse who will give you your instructions.
7. Officers have the statutory authority to detain the person for up to eight (8) hours; either by execution of an ECO or based on probable cause. Officers will follow normal search and handcuffing procedures specified for arrest situations and may take any other reasonable steps concerning physical restraint.
- a. The officer shall give written summary of the emergency custody procedures and the statutory protections associated with those procedures to the detainee.
  - b. The ES Clinician will evaluate the person at INOVA Alexandria Hospital and advise if they will obtain a Temporary Detention Order. If a TDO is not obtained and there are no criminal charges, the officer should complete the “Mental TDO” report and is no longer responsible for the person.
  - c. If a TDO is obtained, the officer will execute it, give a written summary of the temporary detention procedures and the statutory protections associated with those procedures to the detainee and complete the “Mental TDO” report.
  - d. Once cleared medically, the charge nurse will advise the officer to transport the person to a particular mental health facility for detention.

- e. A supervisor will be consulted in all cases and will advise whether a second officer will be utilized to assist in the transport. Beginning and ending mileage will be documented. There will be a short registration process at the destination hospital and the officer's responsibility for the person will then be complete.
8. *For some detentions in hospital facilities, the Humane Restraint is an acceptable alternative to handcuffs depending on the behavior of the detainee. This restraint, also known as a soft restraint, can be used for non-combative subjects who are in police custody pursuant to an Emergency Custody Order or Temporary Detention Order. When determining whether the soft restraint is appropriate, personnel should consider whether the detainee has exhibited any pre-assaultive or escape-risk indicators. In the event the soft restraint is no longer appropriate given the patient's conduct, officers shall secure the patient using handcuffs as directed above.*
- a. *Personnel applying the soft restraint shall notify a supervisor if the restraint is applied.*
  - b. *The supervisor notified of the application of a Humane Restraint shall complete an Other Restraint entry in Blue Team similar to documenting the use of a hobble or violent prisoner restraint.*

<b>11.13.07 CRIMINAL CASES</b>
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- A. Persons believed to be mentally ill may still be taken into custody if they have committed an offense warranting a custodial arrest.
- B. Persons believed to be mentally ill who are subject to custodial arrest may be interviewed about the offense, if it appears to the officer that the defendant, notwithstanding mental illness, is capable of a rational understanding of the charges against him and is capable of understanding his rights pursuant to *Miranda v. Arizona*. If the officer believes the person is capable of such understanding, the interview should be conducted in accord with the requirements of appropriate procedures and directives governing interviews. **[41.2.7.c.]**
- C. Whether or not an officer conducts an interview under such circumstances, the officer should document in detail all observations made related to the mental health of the person taken into custody on a criminal charge, in accord with the factors listed as indicators of mental illness in Section 11.13.03.A. This information may prove important in the prosecution of the case in establishing the defendant's mental state at the time of the offense, or competence to stand trial. Such information should be included in a supplemental report completed by the officer.
- D. Officers will advise a booking deputy of the arrestee's apparent mental condition so

appropriate monitoring and referral to mental health care while in detention will occur.

- E. When a person is deemed to be a danger to self or others (as Described in 11.13.02) and Probable Cause of a criminal offense committed by that same person exist, the Watch Commander should be consulted to determine whether the mental health case or criminal case takes priority. The type of criminal charges, whether the person is going through an active mental health crisis, and whether it is in the best interest of public safety to allow the civil mental health process to supersede the criminal process, should be weighed to determine the most appropriate course of action. It is the policy of the Department that if a Temporary Detention Order (TDO) is issued, it will be executed, and a written summary of the temporary detention procedures and the statutory protections associated with those procedures will be given to the detainee. Criminal warrants may still be obtained but executed only when the person is no longer detained for mental health reasons.
- F. Officers will document actions taken in all cases involving persons involuntarily detained due to mental illness by completing an APD-7 and classifying the report title as "Mental TDO". In criminal cases, the details will be included in the report documenting whatever criminal offense is involved, entitled as such, to include "Mental TDO". When appropriate, the supervisor approving a report involving mental illness will cause a flag to be entered in the hazard file in Communications.

#### **11.13.08 ESCAPEES FROM MENTAL INSTITUTIONS**

- A. When officers apprehend an escaped mental patient as a result of a Teletype or other means, they will verify the wanted status with VCIN. After verification the patient will be transported to one of the below locations, depending upon the time of day. Prior to transporting the patient, the officer will notify the appropriate facility by phone and fax them a copy of the Teletype, which will expedite the processing of the patient. A second officer will be considered for transport as outlined in this directive.

MONDAY - FRIDAY, 8 AM to 5 PM:

Northern Virginia Mental Health Institute  
3302 Gallows Road  
Falls Church, Va. 22042  
(Located behind Fairfax Hospital, take Gray entrance)  
Phone (703) 207-7157  
Fax (703) 645-3119 or (703) 207-7150

MONDAY - FRIDAY, 5 PM to 8 AM, WEEKENDS AND HOLIDAYS:

Woodburn Mental Health Clinic  
3340 Woodburn Road

Annandale, VA. 22003  
(Located 2 blocks from INOVA Fairfax Hospital.)  
Phone (703) 573-5679  
Fax (703) 876-1640

- B. Arresting officers will complete an Offense/Incident Report (APD-7) entitled "Mental TDO" and a Suspect/Arrest Report (APD-7B) recording all pertinent information concerning the apprehension of the escapee. No warrants, fingerprints, photographs, or Central Criminal Records Exchange (CCRE) forms are required.
- C. A copy of the Teletype will be attached to the (APD-7). Another copy of the Teletype will be left with the supervisor of the facility involved, either Northern Virginia Mental Health Institute or Woodburn Mental Health Clinic.
- D. Arresting officers are responsible for notifying the Office of Sheriff, which is responsible for contacting the mental institution involved and making the arrangements for returning the escapee. Officers will also notify a Communications supervisor, who is responsible for sending a message to the originating agency.

<b>11.13.09      TRAINING</b>
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- A. Entry level training on this directive will be completed and documented by the Patrol Training Coordinator during local training for new employees. **[41.2.7.d]**
- B. Refresher training on this directive must be completed annually and documented by the Personnel and Training Section. **[41.2.7.e]**

By Authority Of:

Don Hayes  
Chief of Police

