OPERATIONAL MANUAL

OPS-645 – RESPONSE TO MENTAL HEALTH CRISIS

Amends/Supersedes: OPS-645 (03/19/2025) **Date of Issue:** 06/29/2026

I. GENERAL

A. Department personnel may encounter individuals experiencing a mental health or behavioral crisis during their duties. This policy establishes expectations for responding to those situations. Non-sworn personnel should not exceed the scope of their job description when working with those in crisis. This policy specifies certain procedures that only apply to sworn personnel, referred to as officers.

B. Officers shall attempt to seek non-arrest resolutions of mental crisis calls, when possible, with the referral to appropriate facilities on a voluntary basis being the desired result. [1.1.3]

C. Involuntary detentions or emergency custody orders will be sought when the safety of the public, or the individual involved, is at risk. Involuntary detentions, or emergency custody orders, will be obtained in accordance with §37.2-808 of the Code of Virginia.

D. When custodial action is required, officers must attempt to gain compliance by using appropriate communication techniques, de-escalation and other reasonable alternatives to the application of force, per OPS-110 *Use of Force*.

II. PROCEDURE

A. Communications will evaluate potential mental or behavioral crisis calls (see COM-370 *Marcus Alert* and OPS-648 *Community Assistance Response Program (CARE)*).

1. When officers are dispatched with the Fire Department's CARE team, they will follow OPS-648 *Community Assistance Response Program (CARE)*.
2. An effort should be made to dispatch officers who have completed the Crisis Intervention Team (CIT) training, using available resources.

B. Department personnel should consider the following to determine whether a person needs emergency services. If the person has a mental illness or is experiencing a behavioral crisis, and, because of that illness or behavior: [41.2.7(a)]

1. Appears to be imminently dangerous to themselves or others.
2. Appears to be unable to care for themselves (e.g., unable/refuses to accept intervention to meet minimum needs of food, clothes, shelter or physical well-being); or
3. Appears to be suffering substantial mental deterioration and exhibits an inability to function.

C. Voluntary Admissions to Mental Health Facilities [41.2.7(b,c)]

1. Persons appearing in need of mental health treatment and not posing an imminent danger to themselves or others should be referred to a mental health facility. A family member or other responsible person should be provided with the information necessary to secure aid. [1.1.3]

   NOTE: Most referrals are made to the Hampton-Newport News Community Services Board (CSB) and the Office of the Crisis Counselors at Riverside Regional Medical Center.

2. Persons who have been or are under the care of a private physician should be referred to that physician if possible.
3. Officers may provide a person with a courtesy transport to Riverside ER, Riverside Mental Health & Recovery Center (Section II.F.), B.J. Roberts Behavioral Health Center or the Hampton VA Medical Center.

a. The officer providing the courtesy transport will inform Communications of the courtesy transport and which facility they are transporting them to.

b. The officer will ensure the facility staff is aware of the person's presence and needs before leaving them at the facility.

c. At Riverside, the ER's back entrance will be utilized. The officer will also ensure the ECO/TDO officer is aware if they are on duty.

D. Execution of Emergency Custody Orders (ECO)

1. Emergency Custody Orders (ECOs) shall be executed as set out in §37.2-808 of the Code of Virginia.
2. An ECO is valid for eight hours from the time the person is taken into custody. It must be executed within eight hours of issuance, or it will become void. The officer executes the ECO when taking custody of the subject. The CSB will ensure the ECO is returned to the magistrate, after its execution. The remaining three copies will be administered by the facility where the subject is being evaluated.
   a. When taking a subject into custody on-scene, the ECO should be served upon arrival at the hospital.
   b. When transferring custody, the ECO must be served before the transfer.
   c. Officers will return any unexecuted ECOs to the magistrate.
3. Officers may travel outside their jurisdiction to execute the ECO or obtain appropriate assessment services.
4. Upon execution of an ECO by an officer:
   a. The officer will contact a CSB crisis counselor through Communications as soon as practicable.
   b. The officer will ensure that any person served with an ECO receives a copy of their procedures and statutory protections involved (Virginia Form DC-4050 *Explanation of Emergency Custody Procedures*).
5. When the ECO expires (issued or non-judiciary), the person must be:
   a. Released from emergency custody; or
   b. Medically admitted to a mental health or medical facility through a Temporary Detention Order (TDO) or Medical Detention Order (MDO). Only a mental health professional may obtain a TDO.
   c. Any ECO not executed within eight hours of its issuance becomes void and will be returned to the office of the issuing court, if during the court's business hours or the office of the magistrate for the issuing court.

E. Involuntary Admissions [41.2.7(b,c)]

1. If the subject poses no immediate threat to self or others, a relative or other responsible person may petition a District Court judge to order the detention of, and a hearing for, the person who is believed to need mental health treatment.
2. When the court is not in session, people may petition for an emergency custody order (ECO) from the on duty Magistrate, regardless of whether a previous ECO was issued.
3. Police officers should refrain from initiating involuntary admissions unless a relative or other responsible person is not available and/or the officer has probable cause to believe the person in crisis and is demonstrating dangerous behavior.
4. Officer Initiated Non-Judiciary Emergency Custody - A law-enforcement officer who, based upon his observation or the reliable reports of others, has probable cause to believe that a person meets the criteria for emergency custody as stated in this section may take that person into custody and transport that person to an appropriate location to assess the need for hospitalization or treatment without prior authorization.
   a. The period of this custody will not exceed eight hours from the time an officer takes the person into emergency custody. The time that emergency custody begins shall be noted in CAD and provided to any attending CSB or medical facility staff involved.

b. If the officer is unsure whether the person meets the non-judiciary emergency custody requirements set out in §37.2-808, the officer will contact a CSB crisis counselor through the Communications Division.

1) The officer will remain with the subject until contacted by the crisis counselor, who will screen the subject and determine what hospital, if any, the subject will be transported to.

2) Proper restraining devices, to include handcuffs, will be used if necessary to prevent injury to the individual or the officer.

3) Should the person's exhibited potential for violence be such that officer believes the use of handcuffs will be insufficient, they should request the assistance of Fire Department Paramedics, advising them of the problem and the need for additional restraining devices (i.e. medically appropriate devices authorized by Fire Department policy). [70.2.1; 70.3.1]

4) The CSB counselor may authorize the officer to transport the subject to a health care facility for evaluation without a custody order.

5. Most court orders for mental detentions will be served by the Newport News Sheriff's Department. Should Police Department personnel be requested to assist, they should render whatever aid is necessary to ensure everyone's safety. If the Sheriff's Office response time will be outside the set legal limit, the officer may pick up and serve the TDO with supervisory approval.

6. When the request is for transportation of the detainee, the officer shall receive verbal authority from their supervisor, confirm the court order, take the person into custody, and proceed to the facility designated for detention by the court order.

F. Transport of Persons Experiencing a Mental Health Crisis Persons [41.2.7(c); 70.3.2]

1. When an ECO exists, officers must review the ECO and identify whether an alternative transportation has been named. Officers will only complete custodial transports for an ECO if NNPD is the designated transporter.

2. When NNPD personnel transport a person who has been taken into custody, the transporting vehicle will include a shield/partition. If possible, two officers should handle the custody and transport. If transportation by ambulance is required, one officer shall accompany the ambulance crew during transport. If an alternative transportation provider has been authorized, officers will transfer custody to the alternative provider after they execute the ECO and take the person into custody.

3. Persons taken into custody in apparent need of medical treatment independent of their mental disorder or requiring a medical evaluation prior to admission at the mental detention facility, must be taken to a medical facility (e.g., Riverside Regional Medical Center, Mary Immaculate Hospital, etc.) prior to being taken to the detention facility. (§37.2-808C Code of Virginia)

NOTE: The Sheriff's Department will not accept the person until they have received medical treatment.

4. Persons taken into custody and transported shall remain the responsibility of the transporting officer until custody is assumed by the receiving personnel at the detention facility.

5. The officer transporting the detainee shall advise Communications of their destination and estimated time of arrival so the receiving facility may be made aware that a mentally disturbed person is enroute.

G. Execution of Temporary Detention Orders (TDO's) [74.2.1]

1. Officers called upon to execute temporary detention orders shall do so pursuant to §37.2-809 of the Code of Virginia.

2. The officer shall respond to the health care facility on the order and verify with the mental health care worker that the person detained at the facility is the same person named on the order, executing it upon verification.

3. The officer will keep the original copy of the order and return it to the Magistrate. The other copy is given to the mental health care worker to provide the detainee.

NOTE: The officer does not have to personally deliver the detainee's copy. This keeps the officer from having to enter a secure mental health area for that purpose.

H. Investigations Involving Persons Suspected to Be Mentally Ill [41.2.7(c)]

1. The Americans with Disabilities Act (ADA) entitles people with mental illness or disabilities the same services and protections provided to anyone else. This may involve modification in routine practices and procedures, requiring extra time and/or sensitivity. This may include:
   a. Having a guardian or support person present to assist communications with the individual.
   b. Contacting the Hampton/Newport News office of the National Alliance for the Mentally Ill (NAMI) for specific guidelines on how to proceed with a person who is suspected of having mental illness, autism, or intellectual disability.
2. Personnel will note any signs of mental illness exhibited by victims and suspects during any field interviews, questioning, or interrogations, and make mention of this when noting the person's demeanor.
3. If the person being interviewed or questioned is suspected to be mentally ill, interview or interrogation techniques may be modified to include:
   a. Requesting a member of the Crisis Intervention Team respond. If no CIT member is available, a back-up officer should be requested, if one is not already on scene.
   b. Notifying a supervisor.
   c. Taking steps to calm the situation, if possible, through assuming a quiet non-threatening manner when approaching the person.
   d. If family or friends are present, used as information sources, or as a calming presence.
   e. Removing distractions, upsetting influences and disruptive people from the scene.
   f. Attempting to reassure the person that no harm is intended, and we are present to assist them.
   g. If the person exhibits signs that they are a danger to themselves or others, the officers will proceed accordingly. If non-sworn personnel are on the scene without an officer, they will take steps to increase their safety, including disengagement and moving to a safe distance, and immediate notify communications and request an officer.

      NOTE: For additional information regarding interviews/interrogations, **See Also:** OPS 403 *Constitutional Requirements & Judicial Guidelines for Investigations*.

III. TRAINING

A. Initial, new hire training [41.2.7(d)]

1. All sworn personnel shall receive documented training on the procedures for recognizing and dealing with mentally ill individuals in the academy training.
2. All non-sworn personnel shall receive documented training and/or information on recognizing and dealing with mentally ill individuals, as it relates to contact with the general public.

B. All personnel shall receive documented refresher training in dealing with mentally ill individuals annually. [41.2.7(e)]

IV. Hyperactive Delirium with Severe Agitation

A. Recognizing Hyperactive Delirium with Severe Agitation

1. Hyperactive delirium with severe agitation is a medically life-threatening combination of signs and symptoms that require immediate de-escalation and medical evaluation.
2. The following atypical behaviors and actions or a subject relates they are experiencing any of the following, may indicate hyperactive delirium with severe agitation. Typically, a subject will exhibit or relate more than one of the following:
   a. Cognitive impairment, including disorientation and difficulty with communication.

b. Restlessness or agitation.
c. Removal of clothing, public nudity.
d. Aggressive or violent behavior.
e. Hyperthermia (i.e. an extreme elevation in body temperature).
f. Lack of response to pain.
g. Displaying or communicating extreme anxiety or fear.
h. Hallucinations or delusions.
i. Increased strength or endurance.
j. Acute onset of paranoia.
k. Difficulties breathing.

3. Factors which may contribute to hyperactive delirium with severe agitation include:
   a. Use or withdrawal from alcohol or drugs, including medication and stimulants.
   b. Medical conditions, such as stroke, infection, or head injury.
   c. Sudden changes that affect metabolic functions, such as lack of sleep or chemical imbalances.
   d. Some psychiatric conditions, such as schizophrenia.

B. Responding to Hyperactive Delirium with Severe Agitation

Employees should be aware of the behavioral characteristics of hyperactive delirium with severe agitation since it can be imminently life-threatening. Officers do not need to differentiate true hyperactive delirium with severe agitation from other behaviors that mimic it. When an employee reasonably believes that an individual may be experiencing hyperactive delirium with severe agitation, the individual is to be treated as if they are in a medical crisis, requiring medical attention. The officer should:

1. Notify a supervisor.
2. If a CIT officer is not already on scene, request one, if available.
3. Request police backup.
4. Request EMS presence. EMS personnel on scene will determine required medical treatment and whether the subject requires an ambulance transport to a hospital.
5. Efforts should be focused on getting the subject under control as quickly and as safely as possible to allow medical treatment to be administered.
6. Officers should avoid laying the subject on their stomach or exerting excessive downward pressure on the upper torso. The body wrap restrain system (see OPS-130 *Handcuffing & Restraint Devices*) should be used. If officers observe signs that the subject has an elevated body temperature (their skin feels hot, they are sweating, etc.), officers should inform medical staff, once at the facility, remove them from the body wrap restraint system as soon as possible.

Steven R. Drew
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