

Guide to Helping an Individual through a Psychiatric Crisis

Developed by NAMI Virginia in collaboration with family members, peer specialists, and mental health professionals

The contents of this guide describe the steps you can take to help a friend or family member who is experiencing a psychiatric crisis and is in need of help. A psychiatric crisis can include, but is not limited to suicidal or homicidal thinking and/or behavior, acute psychotic symptoms, increased drug or alcohol use, and sudden changes in mental status. The steps described in this guide progress from the situation of a person who is cooperative and voluntarily seeking help to someone who is not seeking help on his/her own, and the increasingly restrictive options available in between. Please keep in mind that a psychiatric crisis can be a traumatic experience for the individual, and it is always recommended that family, friends and caregivers encourage the individual to receive treatment voluntarily as it will result in a better outcome for all involved.

The guide is meant to inform you of the increasingly restrictive service options available for an individual in need of psychiatric care; **however it is imperative that the individual be provided the opportunity to receive services voluntarily at any point during the processes.** The legal age of consent for hospitalization is 14. This means that if the individual is a minor between the ages of 14 and 18, they have the legal ability to voluntarily receive services, with or without parent consent, and will be asked to sign a consent form during the facility's intake process. However, if the individual is a minor younger than 14 years old, then the processes of evaluation, admission to a facility and treatment is at the sole discretion of the parent(s)/guardian(s). The nature of this process and how those involved approach it are important influences in successful recovery, retaining family ties, and maintaining human respect and dignity. An important concept related to these processes is trauma; the involuntary treatment process can be extremely traumatizing for the individual and can often exacerbate the illness, prolonging acute symptoms and delaying recovery. In addition, the involuntary commitment remains on the individual's record permanently and can have many indirect effects on their quality of life. Similarly, law enforcement agents have access to the individual's personal information during this process to enforce criminal justice and, if the individual leaves the facility while under involuntary commitment at any point, police are authorized to search for the individual and bring them back to the facility within 24 hours.

What should I do if the person is in psychiatric crisis and is cooperative and desires voluntary treatment?

There are many options in these situations. If the person has a mental health service provider such as a psychiatrist, therapist, case manager, or other mental health worker, attempt to obtain their professional assistance in determining appropriate action. If the person has a Wellness Recovery Action Plan (WRAP), advance directive, or other written information on preferred treatment during a period of crisis, you should

attempt to obtain that plan or written information and follow the individual's preferred course of action. If the person does not have a service provider or a written plan, you should work with the individual to learn what treatments he/she would like to receive, or if there is a person that could be contacted to assist during the crisis. A good question is, "What have you done in similar past situations?" If the individual has no previously designated plan of action for a mental health crisis, and you do not know of anyone to contact to gain this information, contact your local Community Services Board (CSB) or Behavioral Health Authority (BHA). These entities are mandated by the state to provide emergency mental health services and will be able to assist you in locating available services. A list of CSB and organizational contacts are provided at the end of this guide. Other possible suggestions may include the emergency room, a mental health clinic, a walk-in crisis center, a crisis stabilization unit, a mobile crisis intervention unit, or a psychiatric hospital. If the person has insurance, you can save time by calling their provider first to identify which hospital will accept the person. We strongly advise you go with the individual, and provide as much information as possible to the evaluating doctor or mental health worker about the person and the crisis situation.

It is also important to provide the individual with as much choice and decision-making authority in determining their treatment as is possible in the situation. This may take longer but will have a better outcome because the ultimate decision has the individual's support. In addition, you will decrease the traumatizing effects of crisis for the individual and thereby promote a quicker recovery. Providing the individual with choices can be as simple as asking "Which hospital would you prefer to go to?", "Do you want to pack a bag?", "Do you want to take your crisis plan with you?", "Is there someone I can call?", or "Do you want me to stay with you?" In working with the individual it is important to be engaging and cooperative; arguing with the individual is unproductive and will not have beneficial results for you or the individual. You can be direct with the individual about your concerns, but remember to remain nonjudgmental and noncritical.

What should I do if the person is in psychiatric crisis and refuses voluntary treatment?

Again, you should always contact the individual's mental health care provider, if there is one, to provide their professional assistance. If further recourse is necessary, go on to the next sections of this guide.

What should I do if there is not a mental health worker and I am extremely concerned that the individual is about to hurt self or others?

If you feel that there is an immediate need for services, do not hesitate to call 911. A police officer will come and provide an initial assessment of the situation. The police officer's job is to ensure the safety of the individual and others involved. When you call 911, you can request that the responding officer be a Crisis Intervention Team (CIT)-trained officer. CIT training is designed to educate police and other law enforcement officers about mental illness and how to respond safely and effectively to individuals in a mental health crisis.

The officer, based on his/her observation or the reliable report of others, has the authority to place the individual into custody and take them to a facility where a mental health evaluation can be conducted by a mental health professional, if the individual meets the following criteria:

- 1) The person has a mental illness, and there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and
- 2) The person is in need of hospitalization or treatment, and,
- 3) The person is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

If the individual is a minor, under the age of 18, then mental health evaluation can be conducted by a mental health professional if the individual meets the following criteria:

- 1) The minor appears to have a mental illness serious enough to warrant inpatient treatment and is reasonably likely to benefit from the treatment; and
- 2) The minor has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and
- 3) If the minor is 14 years of age or older, that he has been provided with an explanation of his rights as they would apply if he were to object to admission, and that he has consented to admission; and
- 4) All available modalities of treatment less restrictive than inpatient treatment have been considered and no less restrictive alternative is available that would offer comparable benefits to the minor.

Please note that if the individual is between the ages of 14 and 18, they will have the option to voluntarily accept or object to admission to a facility for evaluation. If the individual between the ages of 14 and 18 initially accepts admission and then later objects, the parent(s)/guardian(s) will be immediately notified by the facility and provided with information about the necessary steps to take in order to continue the evaluation and treatment.

This practice is commonly called a “paperless” Emergency Custody Order (ECO) and has the same time limit as a regularly issued ECO (ECOs are described in subsequent questions; please jump ahead if needed). Be aware that if the individual is taken into custody and transported by law enforcement, handcuffs will likely be required to ensure their immediate physical safety. This process can be extremely traumatizing for an individual and is not recommended unless you have substantial concern that time is a factor in preventing the individual from causing harming to self or others. The magistrate can approve alternative transportation of the individual to the chosen facility. Again, encourage the individual to voluntarily seek treatment prior to contacting the police, if possible.

If the officer believes the situation is not a risk to anyone, he/she will leave (in most localities). If you still feel the individual is still at risk, then you can pursue obtaining a formal, written (“paper”) ECO from a Magistrate. In some localities, the officer will not leave the scene without first contacting the local CSB/BHA emergency services. In this instance, the CSB/BHA can provide guidance with obtaining the ECO.

Another option is to call the **National Suicide Prevention Lifeline** at 1 (800) 273-TALK. This is a suicide crisis hotline available 24 hours a day, 7 days a week. The counselors who answer the phone can talk with the person in crisis or their loved one and help them to assess the risk level and get them connected to whatever resource is necessary (CSB, 911, local resource, or perhaps developing a safety plan if immediate treatment isn’t deemed necessary).

What should I do if time is not a pressing factor and the individual is refusing voluntary services?

It is recommended that if time is not a pressing factor, you should first contact the CSB/BHA where the individual is physically located. The CSB/BHA can provide initial advice and suggestions about how to proceed regarding the needs of the person in question. Depending on your locality, you may be advised to petition your local magistrate, who is like a judge (a listing can be found at the conclusion of this brochure), to have an Emergency Custody Order (ECO) issued on the individual.

What is an Emergency Custody Order (ECO)?

An Emergency Custody Order (ECO) is a legal order issued by a court authorizing the primary law enforcement agency to take a person into custody for a mental health evaluation performed by a qualified mental health clinician through the local CSB. In lieu of an order issued by a court, law enforcement officers can execute a “paperless” ECO to take a person into custody based on their own observations or the reports of reliable individuals. In both cases, the ECO is valid for no more than eight hours. The evidence gathered by the clinician that is used in the evaluation, along with eyewitness reports, is used to determine if a Temporary Detention Order (TDO) is necessary. (A thorough description is provided in later sections).

What do I need to do to petition the magistrate?

It is recommended that you first contact your local CSB/BHA emergency service for a consultation. Depending on the information that you provide and/or their observations, they may advise that you then contact your local magistrate. The magistrate, whose role is similar to that of a judge, presides over hearings for minor criminal complaints and civil commitment cases. The phone number is listed in the phone book and online. Based on your personal knowledge of the person and the circumstances, you will need to give the magistrate information about how the person meets the following criteria:

- 1) The person has a mental illness,
- 2) There exists a substantial likelihood that, as a result of mental illness, the person will, in the near future
 - i. 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
 - ii. Suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and
- 3) The person is in need of hospitalization or treatment, and
- 4) The person is unwilling to volunteer or incapable of volunteering for hospitalization or treatment

Other forms of information you should provide and that the magistrate is legally required to consider include the following:

- i. The recommendations of any treating or examining physician or psychologist licensed in Virginia, if available;
- ii. Any past actions of the person;
- iii. Any past mental health treatment of the person; providers are legally required to disclose all information necessary and appropriate to the process;
- iv. Any relevant hearsay evidence;
- v. Any medical records available;
- vi. Any affidavits submitted, if the witness is unavailable and it so states in the affidavit, and;
- vii. Any other information available that the magistrate deems relevant

If the individual is a minor, you will need to provide the magistrate with parent consent or objection and the same information as noted above.

If the evidence suggests probable cause that the individual meets the above criteria, the magistrate may issue an Emergency Custody Order (ECO).

What happens if the magistrate does not issue the ECO?

If the magistrate does not issue the ECO, the civil commitment process would end there. At this point, re-petitioning for an ECO is possible if the circumstances change related to the criteria above and there is new evidence to consider. If you believe that safety or harm is an issue, you could consider contacting the police or emergency services of the local Community Services Board. You also want to make sure that you provide a safe environment for the individual, try to ensure that someone is consistently in contact with the individual, and talk with the individual about taking action towards seeking treatment.

What happens once the ECO is issued?

The police are notified by the magistrate and will take the individual into custody. The individual will be provided with a written explanation of an ECO and the procedure. Once in custody, there is an eight-hour window for a qualified mental health clinician to evaluate the individual. If the individual is under the age of 18, then there is a 24-hour window to complete the evaluation. A mental health evaluation can occur at a CSB, a hospital or other location as designated by the magistrate. The magistrate can also approve alternative transportation to the chosen facility. Again, if the police transport the individual to the facility, they will likely be handcuffed during transportation, which is a potentially traumatic experience for the individual. Also, if the individual is between the ages of 14 and 18 and initially accepts admission but later objects, the parent(s)/guardian(s) will be immediately notified by the facility and provided with information about the necessary steps to take in order to continue the evaluation and treatment. There is a possibility that the individual may need to be transported to a hospital if they have existing or suspected medical needs that must be evaluated concurrent to the mental health evaluation.

What happens after the mental health evaluation?

If the individual has been transported to a hospital, the hospital must complete the evaluation in a timely manner and immediately notify the CSB when it is completed. If the medical professional evaluating an adult under the ECO states more extensive testing is required, or find that the individual is incapable of making his or own medical decisions, the magistrate can approve a 24-hour “medical hold” to prevent death or disability. During this “hold” period, other medical testing and treatment can be completed. Once the psychiatric and medical evaluations have been completed, the magistrate reviews all the evidence readily available to determine if there is probable cause to issue a TDO.

What if the magistrate deems that there is not a substantial likelihood that the individual will cause serious physical harm to self or others in the near future?

If the magistrate does not issue the TDO, then the person is released from custody of the police. The clinician should try to voluntarily engage the person in treatment (e.g. develop a “safety plan”, develop a treatment plan, or provide information about available treatment services).

What if the magistrate deems there is a substantial likelihood that, as a result of mental illness, the person will, in the near future cause serious physical harm to himself or others?

A Temporary Detention Order (TDO) will be issued and the mental health clinician will assist coordinating the TDO arrangements. The individual will be provided with a written explanation of a TDO and the procedure. Once arrangements have been made, the individual is taken into custody and transported to a psychiatric hospital by the police. The magistrate can again approve for alternative transportation to the facility. Family and friends should work closely with the clinician to remain up to date on where the individual will be taken and the date and time of the expected commitment hearing. It is also recommended that they contact the facility where the individual is staying to reconfirm the date and time of the commitment hearing.

Please note that if the individual voluntarily accepts hospitalization, then information regarding that person’s care is confidential, and the individual would need to sign a release allowing the hospital or CSB to provide you with information of their whereabouts. Again, if the individual is between the ages of 14 and 18, and initially accepts admission but then later objects, the parent(s)/guardian(s) will be immediately notified by the facility and provided with information about the necessary steps to take in order to continue the evaluation and treatment. If the commitment is involuntary, the police can access information about the individual to use if they leave the facility during the evaluation or treatment processes. The police will have 24 hours to locate and return the individual to the facility to continue treatment.

Again, even during the TDO period, it is important to provide the individual with the choice to receive treatment voluntarily.

Also, remember that Virginia Code 37.2-504 requires CSB staff to take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

What is a Temporary Detention Order (TDO)?

A Temporary Detention Order is a legal document requiring individuals to receive immediate hospitalization for further evaluation, as well as for stabilization, on an involuntary basis until a commitment hearing can be arranged to determine future treatment needs. The TDO period cannot last longer than 72 hours, unless the TDO would expire on a weekend or holiday. If the TDO expires on a weekend or holiday, it will remain valid until the close of business on the next day the court is open. If the TDO is issued on a weekend or holiday, then the TDO will expire on the close of business the next day the court is open. If the individual is a minor, the TDO period cannot be longer than 120 hours. The magistrate will use the same criteria for an ECO in determining whether to issue a TDO (refer to the previous question on ECOs for exact criteria). If the magistrate does not issue the TDO, then the person is released from police custody. The mental health clinician should pursue trying to voluntarily engage the person in treatment (e.g. develop a “safety plan”, develop a treatment plan, or provide information about available treatment services).

What happens once the TDO is issued?

The CSB will work to locate an available bed in a private hospital psychiatric unit or crisis stabilization unit, and the police will escort the individual to the designated facility. The magistrate can also approve alternative transportation to the facility. The individual will only be placed in a state hospital after every effort has been made to find an available bed in another facility. During the transportation, if provided by the police, the individual may be restrained to ensure their immediate physical safety. The individual will remain at this facility for up to 72 hours, or close of business on the next business day of the court, receiving care until a commitment hearing is held. Again, if the order is issued on a weekend or holiday or expires on a weekend or holiday, the order may extend until the close of business the next day the court is open. If the individual is a minor, then the TDO period cannot be longer than 120 hours. If the TDO is not issued, then the individual will be released from police custody.

What is a commitment hearing?

The commitment hearing is a court process involving a special justice who hears evidence, decides whether the person meets the criteria for involuntary commitment, and ultimately delivers the decision and plan that will be carried out by the CSB or other mental health care providers. The commitment hearing is a legal proceeding at which the individual must be physically present. The individual will receive a court-appointed attorney who will **represent their wishes**, or they can use their own attorney if they have one. Family members should be aware of this and come prepared to provide alternative evidence if they believe the individual in question is not requesting the most appropriate care for himself/herself. The special justice is legally required to initially offer the individual the opportunity to accept voluntary hospitalization. Once the Special Justice has rendered a decision, it is binding. We encourage family and friends to work with the individual to encourage voluntary hospitalization if this option is warranted. The Special Justice will hear

testimony from the petitioner (the person who obtained the ECO/TDO), the individual, the CSB, the hospital, the independent evaluator, and possibly family and friends, in coming to a decision.

What does the petitioner need to do for the commitment hearing?

The petitioner is the person who files the petition to consider the individual for civil commitment. If you are the petitioner, you should make sure to attend the hearing. You can confirm the time by contacting the facility. Take time to prepare for the hearing. Some hospitals/CSBs have a brochure or guide that can assist petitioners with the commitment hearing process. The special justice will make a ruling based on the evidence provided and the wishes of the individual. Your information is vital in this process. Some recent behaviors you should mention if applicable include:

- Suicidal threats
 - Violent behavior
 - Not eating/sleeping
 - Beliefs not based in reality
 - Hearing or seeing things that do not exist
 - Threats to harm others
 - Uncontrollable anger/anxiety
 - Severe depression
 - Withdrawing from activities
 - Inability to address daily needs: food/shelter
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What are the possible outcomes of a commitment hearing?

- The petition may be dismissed and the individual released.
- Mandatory outpatient treatment may be ordered, for up to 90 days.
- The individual can be allowed to voluntarily remain in the hospital if they are capable and willing to do so, if they agree to stay for a minimum of 72 hours, and give 48 hours' notice of their intention to leave.
- The individual may be involuntarily committed. Legally, inpatient commitments can continue for up to 30 days.

If the individual is a minor, the possible outcomes of a commitment hearing are the same as above.

What can I do once the crisis is over?

Once the crisis is over, it is recommended that you work with the individual to develop a “game plan” to prevent future crisis situations. This can include a variety of options, but the ultimate goal is to help the individual find the support that will enable him/her to prevent, avoid, divert, or manage a future crisis. This may include but is not limited to counseling, therapy, medication, joining a peer support group, initiating a Wellness Recovery Action Plan (WRAP) or crisis plan, participating in NAMI’s *Peer-to-Peer* education program, or getting involved in other types of peer education/support programs. The individual can gain a good measure of understanding and control for him/herself through education, support, and preparation. Please utilize our resources sections below to locate available resources in your community.

What can family members/caregivers do to help themselves, especially if they feel their loved one won't seek treatment or doesn't recognize that he or she is experiencing a mental health problem?

It is important to realize that the process towards understanding, accepting, seeking treatment, and ultimately recovery can be challenging and takes time. Trust and understanding between the individual experiencing a psychiatric problem and the family member/caregiver are critical. Family members, friends and caregivers can become part of the solution by becoming educated on mental illnesses, treatment options, services and supports available in the community, and how to best support, empathize, problem-solve, and communicate with an individual experiencing a psychiatric issue. Find support in your community and become knowledgeable on local resources that may exist, such as NAMI's *Family-to-Family* education program or family support groups, or try to talk with others who have experienced these issues before. Learn about peer educators and peer specialists (individuals with psychiatric illnesses in recovery who have likely experienced acute crisis in the past and have a wealth of first-hand knowledge about coming out of a crisis and into treatment and recovery. Peer educators/specialists have received special training to assist and mentor other consumers). Peer educators, peer specialists, and peer mentors are often able to relate and communicate with others who are in psychiatric crisis in a different and compelling way than family members who are not experiencing a psychiatric crisis. It is important to recognize that, during the ups and downs, sometimes the most important thing you can do is find support and education for yourself. Please utilize the resources below for support and information.

DISCLAIMER:

The information contained in this brochure is provided as a service to the community, and does not constitute legal advice. NAMI Virginia tries to provide quality information, but we make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained in this brochure. As legal advice must be tailored to the specific circumstances of each case, and laws are constantly changing, nothing provided herein should be used as a substitute for the advice of competent counsel.

Additional Resources

National Alliance on Mental Illness of Virginia (NAMI Virginia)

NAMI Virginia is a nonprofit organization that provides support, education, and advocacy for all those affected by mental illness. 1 (888) 486-8264 or <http://www.namivirginia.org>

Virginia Organization of Consumers Asserting Leadership (VOCAL)

VOCAL is a nonprofit consumer-led organization dedicated to mental health recovery, empowerment and peer leadership. (804) 343-1777 or <http://www.vocalvirginia.org>

Mental Health America of Virginia (MHAV)

MHAV is a nonprofit advocacy organization for individuals with mental illness. (804) 257-5591 or <http://www.mhav.org>

disAbility Law Center of Virginia (dLCV)

dLCV is the federally designated Protection and Advocacy organization that is charged with ensuring and protecting the rights of people with disabilities in Virginia. (804) 225-2042 or <http://www.dlc.org>

Lawyer Referral Service of Virginia State Bar

Provides legal information and discounted consultation.
1 (800) 552-7977 or <http://www.vsb.org/vlrs/>

Virginia Legal Aid Society

Provides free civil legal services to eligible low-income residents.
1 (866) 534-5243 or <http://vlas.org/>

Virginia Department of Behavioral Health and Developmental Services

Virginia's state agency with responsibility for mental health, substance use disorder and intellectual/developmental disability services. <http://www.dbhds.virginia.gov>

Human Rights Committee of Department of Behavioral Health and Developmental Services

Protects the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department. 800-451-5544 or <http://www.dbhds.virginia.gov/quality-management/human-rights>

Virginia Association of Community Services Boards (VACSB)

Resource to locate local community services boards (local mental health providers).
(804) 330-3141 or <http://www.vacsb.org>

National Suicide Prevention Lifeline

A suicide crisis hotline available 24 hours a day, 7 days a week. 1 (800) 273-TALK

211 Virginia

2-1-1 VIRGINIA is a free service that provides contact information for a range of services available in communities in Virginia and statewide. Dial 2-1-1 or <http://www.211virginia.org>

Substance Abuse and Addiction Recovery Alliance (SAARA)

SAARA promotes recovery from substance use disorders for individuals, families, businesses and communities in Virginia. (804) 762-4445 or <http://www.saara.org>

Emergency Services Phone Numbers for Virginia's Community Services Boards

Community Services Board Name	Area Served	Emergency Services Number
Alexandria CSB	Alexandria City	(703) 746-3401
Alleghany-Highlands CSB	Alleghany Co & Covington City	(540) 965-6537 (before 5pm) (800)-446-0128 (after 5pm)
Arlington CSB	Arlington Co	(703) 228-5160
Blue Ridge Behavioral Health	Botetourt, Craig, Roanoke Co & Roanoke City	(540) 981-9351
Chesapeake CSB	Chesapeake City	(757) 547-9334
Chesterfield CSB	Chesterfield Co	(804) 748-6356
Colonial Behavioral Health	James City, York Co & Poquoson, Williamsburg City	(757) 220-3200
Crossroads Community Services	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward Co	Amelia: (804) 561-5057 Charlotte: (434) 542-5187 Lunenburg: (434) 696-3747 After Hrs: 1-800-548-1688
Cumberland Mountain CSB	Buchanan, Russell, Tazewell Co	Buchanan (276) 935-7154 Russell (276) 889-3785 Tazewell (276) 988-7961 Cedar Bluff (276) 964-6702 After Hrs: 1-800-286-0586
Danville-Pittsylvania CSB	Pittsylvania Co & Danville City	1 (877) 793-4922
Dickenson County CSB	Dickenson Co	(276) 926-1680 After Hrs (276) 926-1650
District 19 CSB	Dinwiddie, Emporia, Greenville, Prince George, Surry, Sussex Co & Colonial Heights, Hopewell, Petersburg City	(804) 862-8000 Toll-Free 1 (866) 365-2130
Eastern Shore CSB	Accomack, Northampton Co	(757) 442-7707
Fairfax-Falls Church CSB	Fairfax Co & Fairfax, Falls Church City	(703) 573-5679
Goochland-Powhatan CSB	Goochland, Powhatan Co	Goochland: Day: (804) 556-5400 After Hrs (804)556-3716 Powhatan: Day (804) 598-2200 After Hrs (804) 598-2697
Hampton-Newport News CSB	Hampton, Newport News City	(757) 788-0111
Hanover County CSB	Hanover Co	(804) 365-4200
Harrisonburg-Rockingham CSB	Rockingham Co & Harrisonburg City	(540) 434-1766
Henrico Area CSB	Charles City, Henrico, New Kent Co	Henrico: (804) 727-8484 Charles City/New Kent: (804) 966-5959
Highlands CSB	Washington Co & Bristol City	(276) 525-1550 After Hrs: (866) 589-0269
Horizon Behavioral Health	Amherst, Appomattox, Bedford, Campbell Co & Bedford, Lynchburg City	Adult Crisis: (434) 455-2720 Child/Adolescent Crisis: (434) 948-4831
Loudoun County CSB	Loudoun Co	(703) 777-0320

Emergency Services Phone Numbers for Virginia's Community Services Boards

Community Services Board Name	Area Served	Emergency Services Number
Middle Peninsula-Northern Neck CSB	Essex, Gloucester, King and Queen, King William, Lancaster, Mathew, Middlesex, Northumberland, Richmond, Westmorland Co	Gloucester, Mathews, Middlesex, King William, Lancaster and King & Queen Counties: (804) 693-5057 Warsaw: (804) 333-3671 After hours for all counties: (804) 693-2673 or 800-542-2673
Mt. Rogers CSB	Bland, Carroll, Grayson, Smyth Co & Galax City	Bland: (800) 543-6898 Carroll: (276) 728- 4146 Galax: (276) 236-8101 Grayson: (276) 236-9988 Smyth: (276) 783-7204 Wythe: (276) 223-6000 Toll Free: 1-866-589-0265
New River Valley CSB	Floyd, Giles, Montgomery, Pulaski & Radford City	(540) 961-8400
Norfolk CSB	Norfolk City	(757) 664-7690
Northwestern CSB	Clarke, Frederick, Page, Shenandoah, Warren Co & Winchester	(540) 635-4804
Piedmont Regional CSB	Franklin, Henry, Patrick Co & Martinsville City	(877) 934-3576
Planning District 1 CSB	Lee, Scott, Wise Co & Norton City	(276) 523-8300
Portsmouth Behavioral Health Services	Portsmouth City	(757) 393-8990
Prince William County CSB	Prince William Co & Manassas Park, Manassas City	West: (703) 792-7800 East: (703) 792-4900
Rappahannock Area CSB	Caroline, King George, Spotsylvania, Stafford Co & Fredericksburg City	Fredericksburg, Spotsylvania and Stafford: (540) 373-6876 Caroline: (804) 633-4148 King George: (540) 775-5064
Rappahannock-Rapidan CSB	Culpeper, Fauquier, Madison, Orange, Rappahannock Co	(540) 825-5656
Region Ten CSB	Albemarle, Fluvanna, Greene, Louisa, Nelson Co & Charlottesville City	(434) 972-1800
Richmond Behavioral Health Authority	Richmond City	(804) 819-4100 TTY: (804) 819-4145
Rockbridge Area CSB	Bath, Rockbridge Co & Buena Vista, Lexington City	(540) 463-3141 1-855-222-2046
Southside CSB	Brunswick, Halifax, Mecklenburg Co	(Brunswick: (434) 848-4121 Halifax: (434) 572-2936 Mecklenburg: (434) 738-0154
Valley CSB	Augusta, Highland, Staunton Co & Waynesboro City	540) 885-0866 540) 943-1590 1(866)274-7475
Virginia Beach Department of Human Services	Virginia Beach City	(757) 385-0888
Western Tidewater CSB	Isle of Wight, Southampton Co & Franklin, Suffolk City	(757) 925-2484