	HARRISONBURG POLICE DEPARTMENT General Orders	**Policy Number:** 711
	Chapter: Support Services	**Total Pages:** 9
	Section: Behavioral Health Unit Co-Responder Program	**Issue Date:** 11/20/2025
	Issued By: Rod Pollard, Interim Chief of Police	**Effective Date**: 10/31/2025
	Replaces: All General Orders Previously Issued Relative to Subject	
VALEAC Standards:		

A. POLICY AND PURPOSE

Officers responding to assist individuals in a state of crisis due to mental illness or other factors is a frequent occurrence. The Harrisonburg Police Department is committed to improving the overall safety and well-being of individuals in crisis and the community as a whole. HPD has established a Behavioral Health Unit (BHU) which will provide behavioral health professionals to respond with HPD officers to calls for service to assist individuals in crisis. These behavioral health professionals specialize in mental health assessment, crisis intervention, de-escalation, and mental health resources. HPD's Behavioral Health Unit provides immediate on-scene support and strives to reduce hospitalizations, arrests, and uses of force, and to connect individuals with appropriate mental health resources. The purpose of this policy is to establish guidelines, procedures, responsibilities, and functions related to HPD's Behavioral Health Unit.

B. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this policy. Responsibility rests with the supervisor to ensure that any violations of policy are investigated, and appropriate training, counseling and/or disciplinary action is initiated. This directive is for internal use only and does not enlarge an employee's civil liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

C. DEFINITIONS

Behavioral Health Unit - The BHU will consist of one or more behavioral health professionals such as a Clinician or Qualified Mental Health Professional who will respond to assist officers in handling calls for service involving individuals in mental health-related or other crisis situations. The BHU will assess these individuals, assist in de-escalating crisis situations, and refer the individuals to appropriate treatment to ensure their safety and the safety of others. If immediate care is not required, the BHU will act as a liaison for further follow-up with community resources.

Behavioral Health Unit Clinician (Clinician) - The BHU Clinician is either a Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), or an individual who is license-eligible in either of these disciplines and who is trained in mental health treatment and assessment. BHU Clinicians will use their expertise in conjunction with HPD officers to achieve favorable outcomes for individuals in crisis. HPD's Clinician may serve as the direct supervisor of the BHU's Qualified Mental Health Professional (QMHP).

Officer – All references to "officer" in this policy means a sworn officer of the Harrisonburg Police Department unless otherwise specifically noted.

Qualified Mental Health Professional (QMHP) - A professional in the mental health services field who meets the qualifications set forth in Virginia Code Section 54.1-3500 and is trained and has experience in working with individuals in crisis.

D. MISSION AND FOCUS

The BHU aims to assist in de-escalating crisis situations and improve the diversion of individuals with mental health and substance use challenges from unnecessary involuntary hospitalization and increase access to treatment while limiting their involvement in the criminal justice system.

E. PROCEDURE

a. BHU Responsibilities

1. The primary responsibility for the BHU is to respond to calls for service that fall within its area of expertise and training, including, but not limited to:

a. Individual in a mental health crisis.
b. Reports of an individual in distress or crisis.
c. Reports of statements or behaviors of an individual that suggest they are suicidal, homicidal, or that they are otherwise a threat to themselves or others.
d. Welfare checks.
e. Substance abuse where mental distress appears evident.
f. Requests from partner agencies such as the Harrisonburg-Rockingham Community Services Board (CSB) or Harrisonburg Fire Department.
g. Critical incidents which may result in mental health distress or crisis.
h. At the request of other law enforcement agencies.

2. BHU personnel will provide support to officers and other individual(s) on the scene and assist in mental health assessment and evaluation. They will assist the officer in determining if immediate involuntary mental health services are needed or if non-custodial alternatives, such as referrals to community resources, would be a viable option for the person in crisis.

    a. BHU personnel will serve as a liaison to and collaborate with the CSB or other appropriate and available resources to meet the individual's needs.
    b. BHU personnel may contact CSB Emergency Services for clinical consultation when they deem it necessary.

3. Dispatching to calls

    a. BHU personnel may become involved in calls for service in various ways. BHU personnel will carry an HPD police radio and will regularly monitor the radio for calls for service for which their expertise may be of assistance. Including:

        1. Self-dispatched after learning of a call for service and verifying with an officer at the scene that the scene is safe.
        2. Directly from HRECC in accordance with the Center's Standard Operating Procedures.
        3. Upon request by an officer or other agency.

4. Outreach/Follow-up

a. When not responding to a call for service, BHU personnel may conduct proactive follow-up activities with individuals who may need services provided, however, an officer must accompany BHU personnel on any in-person contact with such individuals.

5. Supervision

    a. The BHU will serve part of the HPD Patrol Division.
    b. While on duty, the BHU will be supervised by a Patrol Lieutenant/Captain or their designee.
    c. The BHU Clinician may serve as the direct supervisor of the BHU Qualified Mental Health Professional (QMHP).
    d. BHU personnel will notify their shift supervisor as soon as practical if the following situations occur:

        1. Any situation that has or appears likely to generate media attention.
        2. Citizen complaints.

6. BHU Uniform and Equipment

    a. BHU personnel will be issued a portable police radio and an approved uniform which will clearly identify them as members of the BHU.
    b. BHU personnel shall be issued a bulletproof vest which will identify them as BHU personnel and should be worn at all times when responding to calls for service in the field.
    c. BHU personnel will be assigned an unmarked HPD vehicle which should be utilized to respond to calls for service whenever possible.
    d. BHU personnel will not be issued body worn cameras.

7. Safety Concerns

    a. BHU personnel are not sworn officers and SHALL NOT perform the functions of sworn officers (including but not limited to conducting searches or pat downs, security sweeps, traffic control, serving as a back-up officer, etc.).
    b. BHU personnel shall follow instructions from officer(s) on scenes regarding any aspect related to their safety.
    c. When responding to calls for service, BHU personnel will not make contact with anyone until an officer arrives and determines

the scene is safe. They shall not be left alone on scenes with an individual in crisis.

8. Field Decisions

   The decision to take an individual into custody rests with the officer at the scene, who should consult and collaborate with the BHU personnel on the scene of mental health-related calls for service. BHU personnel on the scene should provide reliable and articulable information and recommendations to the officers to consider in determining a proper course of action, including when making custody decisions.

9. BHU Personnel Duties

   a. Conduct mental status exam (MSE) and lethality assessment.
   b. Refer individuals to and collaborate with the most appropriate resource.
   c. Maintain an updated list of available community resources.
   d. Maintain radio communication with the HRECC as appropriate.
   e. Keep documentation of compliance with continuing competency requirements in accordance with the appropriate Virginia regulatory agencies to maintain licensure(s).
   f. Maintain proficiency in law and clinician confidentiality, along with limitations as indicated by the American Counseling Association, and required by FOIA, and other applicable laws and standards.
   g. Other duties as assigned including, but not limited to, attending meetings and maintaining awareness of community health providers, services, hospitals, and other resources.

b. Responding Officer Responsibilities

   1. Duties and Responsibilities

      a. Evaluate and verify the safety of each scene prior to the arrival of or intervention by BHU personnel.
      b. Direct the BHU personnel to leave or retreat from a scene if the officer deems the scene unsafe.
      c. Research the individual's history via law enforcement databases and share pertinent information with BHU personnel as permissible by law.
      d. Collaborate with BHU personnel to determine the best course of action.

e. Take law enforcement action as necessary. Request back up support from other officers as necessary. BHU personnel shall not act as a backup officer.

c. Interventions

1. The BHU intervention begins once the scene is determined to be safe and BHU personnel engage with the individual experiencing a mental health crisis.

    a. This is typically a brief intervention that is focused on assessing and stabilizing the individual's immediate crisis and linking them to appropriate resources.
    b. The BHU's role is to provide crisis intervention services, which may include assessment, de-escalation, referral, and follow up as necessary.
    c. The BHU may also provide brief assistance or psychoeducation to help the individual secure appropriate resources and prevent future crises.
    d. Termination of the intervention will normally occur once the call for service has been concluded.
    e. Follow-up contact with the individual may be initiated by BHU personnel to reiterate resource options and for quality control purposes. In-person contact between BHU personnel, and the individual shall only occur only while accompanied by an officer.

2. BHU personnel should identify themselves as behavioral health professionals with HPD before providing any mental health services.

    a. If an individual does not consent to speaking with the BHU member on a call for service, the BHU member should prioritize the individual's right to make decisions about their own treatment and ensure that ethical principles and best practices in crisis intervention guide their actions. The BHU member shall document the interaction with the individual as appropriate.
    b. BHU personnel may need to work with officers and other professionals to ensure the individual's safety and well-being.
    c. If an individual is a danger to themselves or others, BHU personnel and HPD officers may take steps to ensure their safety, which could include calling for additional resources or seeking an emergency custody order for involuntary mental health evaluation. These steps should only be taken if necessary and must be done in accordance with state and federal laws and regulations.

d. Training

1. Officers will be provided with training related to collaboration with BHU personnel through HPD's Personnel Development Unit on an annual basis.
2. BHU personnel will receive basic training during their initial training period with the Department on pertinent law enforcement topics intended to provide familiarity with law enforcement situations. This training is not designed to prepare BHU personnel to take law enforcement actions.
3. BHU personnel will maintain proficiency in their respective fields and maintain continuing education or similar requirements to maintain licensure as required by their respective disciplines.

e. Documentation

1. BHU personnel will adhere to the following practices:

    a. Ensure appropriate and timely documentation is completed in the appropriate database.
    b. Maintain electronic clinical records for each interaction to include date and identifying information to substantiate the nature of the interaction, actions taken, recommendations, referrals, and other information, as practicable, to include the corresponding case number.
    c. Maintain confidentiality of records
    d. Maintain records securely and provide for the destruction of records that are no longer useful in a manner that ensures confidentiality.
    e. Maintain records as required by law.
    f. Disclose or release records to others only with the express written consent of an individual or the individual's legally authorized representative in accordance with VA Code §32.1-127.1:03

f. Confidentiality and Privacy

1. BHU personnel shall respect individual privacy while recognizing the need to share relevant information with law enforcement officers to ensure safety, effective crisis response, and appropriate service connection.

    a. Confidentiality of Information

1. BHU personnel will protect the privacy of individuals encountered in the field to the greatest extent possible.
2. Information obtained during interactions will only be shared as necessary for safety, crisis stabilization, and coordination of services in response to an emergency, or when an individual has consented to the sharing of information regarding their health information to other individuals and/or agencies.
3. Whenever practical, BHU personnel will explain to individuals the role of the BHU and the limits of confidentiality, including that some information relevant to immediate safety and response may be shared with officers present.

b. Information Sharing with Law Enforcement

1. BHU personnel may share information with officers at the scene when it is directly relevant to:

    a. Ensuring the safety of the individual, officers, or others.
    b. Informing immediate response or de-escalation efforts in crisis or emergency situations.
    c. Facilitating appropriate referral, transport, or service linkage.
2. BHU personnel will avoid sharing unnecessary personal details that are not relevant to the law enforcement response.
3. Any information shared with law enforcement will be limited to what is essential for safety and operational purposes.

g. Police Records & Release of Records

1. As specified by VA Code §54.1-2403.3, records related to the BHU's interaction with a person in a mental health crisis are the property of the BHU. Such records will be kept electronically and in a secure portal that meets all privacy requirements in Virginia, separate from criminal records.
2. Only BHU personnel and their supervisors will have access to these records, and no information will be released to other persons or agencies without the individual's specific and written consent. However, some

laws in the Code of Virginia provide for, and sometimes mandate, disclosure of specific information in situations such as:

a. Pursuant to a court order or in compliance with a subpoena.
b. To a magistrate, the court, the evaluator or examiner required under Article 16 (16.1-335 et seq.) of Chapter 11 of Title 16.1 or 37.2-815, a community services board or behavioral health authority or a designee of a community services board or behavioral health authority, or a law enforcement officer participating in any proceeding under Article 16 (16.1-335 et seq.) of Chapter 11 of Title 16.1, 19.2-169.6, or Chapter 8 (37.2-800 et seq.) of Title 37.2 regarding the subject of the proceeding, and to any health care provider evaluating or providing services to the person who is the subject of the proceeding or monitoring the person's adherence to a treatment plan ordered under those provisions.
c. Medical information and records are exempt from disclosure under FOIA pursuant to Va. Code Section 2.2-3706(D).

h. Evaluation and Quality Improvement

1. HPD will conduct annual evaluations of the Behavioral Health Unit Co-Responder program to assess its effectiveness and identify areas for improvement.
2. BHU personnel will participate in annual training and professional development to improve their skills and knowledge related to mental health crisis intervention and other topics.