

\*Please note: This is a working draft of Directive 850.22. This is proposed language and the Bureau has not implemented any changes to the current policy at this time.

## **850.22 Police Response to Mental Health Director Holds and Elopement**

*2nd Universal Review: 05/15/18-06/14/18 (clean view)*

### **Refer:**

- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- ORS § 426.070, Initiation
- ORS § 426.223, Retaking persons in custody of or committed to Oregon Health Authority
- DIR 850.20 Police Response to Mental Health Crisis
- DIR 850.21 Peace Officer Custody (Civil)
- DIR 850.25 Police Response to Mental Health Facilities

### **Definitions:**

- Community Mental Health Program Director: The director of an entity, including Multnomah County, which provides community mental health program services.
- Designated Residential Mental Health Facility: Secure and non-secure treatment facilities registered with Multnomah County Mental Health and Addiction Services to provide residential mental health treatment for adults in a home-like environment supervised by twenty four (24) hour staff to provide stabilization, treatment, and community integration, which have been identified and flagged by the Portland Police Bureau's Behavioral Health Unit (BHU).
- Elope: To abscond, depart, leave, or walk away.
- Unlawful Elopement: To elope in violation of a civil or criminal legal/commitment status.

### **Policy:**

1. In the context of mental health services, mental health providers, not law enforcement, are responsible for the evaluation, diagnosis, and treatment of persons who are in mental health crisis. There are times, however, when mental health providers need police services.
2. Because mental health custody as initiated by mental health providers may be civil which can include Director's Custody, Order of Civil Commitment Psychiatric Security Review Board (PSRB) Commitment Orders, Revocation Orders in legal/commitment status, members shall be guided by law when responding to mental health provider service requests.
3. A member's ability to manage a person in custody in a safe, constructive, and humane manner is of critical importance to the involved person, the involved person's support system, community members, mental health providers, and the Police Bureau. Members shall treat the individual with dignity and compassion at all times.

### **Procedure:**

1. Police Response to Civil Custody Requests:
  - 1.1. Community Mental Health Program Director's Custody:

- 1.1.1. Members shall take a person into custody when the Community Mental Health Program Director, or designee, notifies the member that the Director has probable cause to believe that the person is dangerous to self or to any other person.
- 1.1.2. When assisting a community mental health program director or designee as defined in ORS § 426.005 (1) (a) with taking a person into custody (Director's Custody), members shall:
  - 1.1.2.1. Determine if taking civil custody of the person named on the Director's Custody Report may be achieved in a safe manner. Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. If delaying custody, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into civil custody. An appropriate police report shall be completed documenting the details of this decision.
  - 1.1.2.2. If a member takes a person into custody, the member shall call AMR to transport to the secure evaluation facility, unless extraordinary circumstances warrant police transport.
  - 1.1.2.3. When necessary, members shall complete an appropriate police report and mental health mask documenting the civil custody or Director's Hold.
- 1.2. Unlawful Elopement from a Mental Health Facility or Hospital:
  - 1.2.1. If a person is being held on a Notice of Mental Illness (NMI) and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility.
  - 1.2.2. If a person is on commitment status (e.g., Order of Commitment) and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility.
  - 1.2.3. In the above circumstances, members shall:
    - 1.2.3.1. Verify that the NMI or Order of Commitment exists. The facility should have a copy of the Order on location; otherwise, members may verify the NMI or Order with the Multnomah County Crisis Line.
      - 1.2.3.1.1. Criteria for court ordered civil commitments are dictated by individual state laws. If a patient has eloped from a mental health facility in another state, members shall assess the person and take action in accordance with Directive 850.20, Police Response to Mental Health Crisis and/or Directive 850.21, Peace Officer Custody (Civil). Members shall contact the reporting facility and notify them of the disposition.
    - 1.2.3.2. Determine if taking civil custody of the person named on the Order of Commitment may be achieved in a safe manner. Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. If delaying custody, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into civil custody.

1.2.3.3. Transport the named person back to the facility unless the member determines the person meets the criteria in Directive 850.21, Peace Officer Custody (Civil).

1.2.3.4. Complete the appropriate police report and mental health mask documenting the incident and submit the report to a supervisor before the end of shift.

1.3. Elopement from a Mental Health Facility:

1.3.1. If a person is not on commitment status (e.g., Order of Commitment) and elopes without permission from a facility, that person is free to leave.

1.3.2. If a person wishes to voluntarily return to the facility, members may transport that person to the facility.

1.3.3. Should members receive a call alleging the eloped person is deemed to be dangerous to self or others, members must assess the person in accordance with Directive 850.20, Police Response to Mental Health Crisis and/or Directive 850.21, Peace Officer Custody (Civil).

1.4. Member -Supervisor Coordinated Response Required:

1.4.1. Warrants of Detention/Trial Visitation: During pre-trial civil commitment processes, a person with an alleged mental illness may be released into the community and be monitored by a civil commitment investigator. A civil warrant of detention may also be issued by a judge to take a person with mental illness into custody. Because the statutory authority to serve a warrant of detention rests with the Multnomah County Sheriff's Office, members shall not become involved in these activities unless called to an incident to assist a civil commitment investigator or civil deputy in fulfilling the investigator's or deputy's mission.

2. Police Response to Criminal Custody Requests:

2.1. Psychiatric Security Review Board (PSRB) Revocation Orders:

2.1.1. Under ORS § 161.375(4), the Psychiatric Security Review Board (PSRB) has the authority to take PSRB supervised persons into custody on Revocation Orders, which are comparable to arrest warrants and subject to the same rules.

2.1.2. A member is notified of a PSRB Revocation Order through a PSRB Law Enforcement Data Systems (LEDS) message reading: "No Criminal Warrant, PSRB order for mandatory return to Oregon State Hospital." Members shall then:

2.1.2.1. Take the person named in the Revocation Order into custody and notify a supervisor.

2.1.2.2. Ensure the Oregon State Hospital Communications Center is notified; the phone number can be found in the PSRB LEDS message.

2.1.2.3. Transport the person with one other member, to the Oregon State Hospital Communication Center and notify a supervisor of the transport.

2.1.2.4. If additional verification of Revocation Order is needed, the PSRB Executive Director may be contacted. The phone number can be found in the PSRB LEDS message.

2.1.2.5. Document the incident on an appropriate police report, complete all reporting requirements for a mental health crisis response, and submit the information to a supervisor before the end of shift.

## 2.2. Unlawful Elopement from PSRB:

2.2.1. If a person is under the jurisdiction of the PSRB and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility. ORS § 161.336(4)(a). Under such circumstances, members shall:

2.2.1.1. Verify the person is under the jurisdiction of the PSRB. The facility should have a copy of the Order on location; otherwise members may verify the Order within LEDS.

2.2.1.2. Determine if taking custody of the person named on the PSRB Order may be achieved in a safe manner. Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. If delaying custody, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into custody.

2.2.1.3. Transport the named person back to the facility unless the member determines the person meets the criteria in Directive 850.21, Peace Officer Custody (Civil).

2.2.1.4. Complete the appropriate police report and mental health text template documenting the incident and submit the report to a supervisor before the end of shift.

## 3. Police Response to Civil or Criminal Custody Requests: Escape from an Oregon State Hospital:

3.1. If the superintendent of an Oregon state hospital issues an escape warrant for the apprehension and return of a person, members shall:

3.1.1. Verify the identity of the person in LEDS.

3.1.2. Take the named person into custody and notify a supervisor.

3.1.3. Ensure the Oregon State Hospital Communications Center is notified; the phone number can be found in the LEDS message.

3.1.4. Transport, with one other member, the person to the Oregon State Hospital Communications Center and notify a supervisor of the transport.

3.1.5. Document the incident on an appropriate police report and mental health mask and submit to a supervisor before the end of shift.

## 4. Supervisor Responsibilities:

4.1. Supervisors shall ensure their members follow reporting requirements for the civil or criminal custody.

Provide feedback [here](#)

**Directive 850.22 Police Response to Mental Health Directors Holds and Elopement-**  
*2nd Universal Review: 05/15/18-06/14/18 (redline view)*

**Refer:**

- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- ORS § 426.070, Initiation
- ORS § 426.223, Retaking persons in custody of or committed to Oregon Health Authority
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- DIR 850.25 Police Response to Mental Health Facilities-

**Definitions:**

- Community Mental Health Program Director: The director of an entity, including Multnomah County, which provides community mental health program services.
- Designated Residential Mental Health Facility: Secure and non-secure treatment facilities registered with Multnomah County Mental Health and Addiction Services to provide residential mental health treatment for adults in a home-like environment supervised by twenty four (24) hour staff to provide stabilization, treatment, and community integration, which have been identified and flagged by the Portland Police Bureau's Behavioral Health Unit (BHU). ~~ORS § 426.005 (1) (e) (d).~~
- Elope: To abscond, depart, leave, or walk away.-
- Unlawful Elopement: To elope in violation of a civil or criminal legal/commitment status.

**Policy:**

1. In the context of mental health services, mental health providers, not law enforcement, are responsible for the evaluation, diagnosis, and treatment of persons who are in mental health crisis. ~~There are times, however, when mental health providers need police services.-~~
- ~~2.~~2. Because mental health custody as initiated by mental health providers may be civil ~~(e.g., which can include~~ Director's Custody, Order of Civil Commitment ~~) or criminal (e.g., Psychiatric Security Review Board (PSRB) Commitment Orders, Revocation Orders) in legal/commitment status, members shall be guided by law when responding to mental health provider service requests. ~~resolving custody in as safe, constructive, and humane a manner as possible.-~~~~
- ~~2.3.~~3. A member's ability to manage a person in custody in a safe, constructive, and humane manner is of critical importance to the involved person, the involved person's support system, community members, mental health providers, and the Police Bureau. ~~Members shall treat the individual with dignity and compassion at all times.-~~

**Procedure:**

- ~~1.~~1. Police Response to Civil Custody Requests:
  - ~~1.1.~~1.1. Community Mental Health Program Director's Custody:

- 1.1.1. ~~1.1.1.~~—Members shall take a person into custody when the Community Mental Health Program Director, or designee, notifies the member that the Director has probable cause to believe that the person is dangerous to self or to any other person.
- 1.1.2. ~~1.1.2.~~—When assisting a community mental health program director or designee as defined in ORS § 426.005 (1) (a) with taking a person into custody (Director's Custody), members shall:
  - 1.1.2.1. ~~1.1.2.1.~~ Determine if taking civil custody of the person named on the Director's Custody Report may be achieved in a safe manner. ~~-~~ Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. ~~-~~ If delaying custody, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into civil custody. ~~-~~ An appropriate police report shall be completed documenting the details of this decision.
  - 1.1.2.2. ~~1.1.2.2.~~ If a member takes a person into custody, the member shall call AMR to transport to the ~~Unity Center or hospital~~secure evaluation facility, unless extraordinary circumstances warrant police transport.
  - 1.1.2.3. ~~1.1.2.3.~~ When necessary, Mmembers shall complete an appropriate police report and mental health mask documenting the civil custody or Director's Hold.~~-~~  
~~1.2.-~~

1.2. Unlawful Elopement from a Mental Health Facility or Hospital:

- 1.2.1. ~~1.2.1.~~—If a person is being held on a Notice of Mental Illness (NMI) and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility. ~~ORS § 426.070.~~
- 1.2.2. ~~1.2.2.~~—If a person is on commitment status (e.g., Order of Commitment) and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility. ~~ORS § 426.223.~~
- 1.2.3. ~~1.2.3.~~—In the above circumstances, members shall:
  - 1.2.3.1. ~~1.2.3.1.~~ Verify that the NMI or Order of Commitment exists. ~~-~~ The facility should have a copy of the Order on location; otherwise, members may verify the NMI or Order with the Multnomah County ~~Call Center~~Crisis Line.
  - 1.2.3.1.1. ~~1.2.3.1.1.~~ Criteria for court a ordered civil commitments are dictated by individual state laws. ~~-~~ If a patient has eloped from a mental health facility in another state, members ~~should~~shall assess the person and take action in accordance with Directive 850.20, Police Response to Mental Health Crisis and/or Directive 850.21, Peace Officer Custody (Civil). ~~-~~ Members ~~should~~shall contact the reporting facility and notify them of the disposition.
  - 1.2.3.2. ~~1.2.3.2.~~ Determine if taking civil custody of the person named on the Order of Commitment may be achieved in a safe manner. ~~-~~ Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. ~~-~~ If delaying custody, members shall notify

a supervisor and then develop a plan to determine a safer time and method to take the person into civil custody.

1.2.3.3. ~~1.2.3.3.~~ Transport the named person back to the facility unless the member determines the person meets the criteria in Directive 850.21, Peace Officer Custody (Civil).

1.2.3.4. ~~1.2.3.4.~~ Complete the appropriate police report and mental health mask documenting the incident and submit the report to a supervisor before the end of shift.-

~~1.3.-~~

1.3. Elopement from a Mental Health Facility:

1.3.1. ~~1.3.1.~~ If a person is not on commitment status (e.g., Order of Commitment) and elopes without permission from a facility, that person is free to leave.

1.3.2. ~~1.3.2.~~ If a person wishes to voluntarily return to the facility, members may transport that person to the facility.

1.3.3. ~~1.3.3.~~ Should members receive a call alleging the eloped person is deemed to be dangerous to self or others, members must assess the person in accordance with Directive 850.20, Police Response to Mental Health Crisis and/or Directive 850.21, Peace Officer Custody (Civil).-

~~1.4.-~~

1.4. Member -Supervisor Coordinated Response Required:

1.4.1. ~~1.4.1.~~ Warrants of Detention/Trial Visitation: During pre-trial civil commitment processes, a person with an alleged mental illness may be released into the community and be monitored by a civil commitment investigator. A civil warrant of detention may also be issued by a judge to take a person with mental illness into custody. - Because the statutory authority to serve a warrant of detention rests with the Multnomah County Sheriff's Office, members ~~should~~shall not become involved in these activities unless called to an incident to assist a civil commitment investigator or civil deputy in fulfilling the investigator's or deputy's mission.-

~~2.~~

2. Police Response to Criminal Custody Requests:

2.1. ~~2.1.~~ Psychiatric Security Review Board (PSRB) Revocation Orders:

2.1.1. ~~2.1.1.~~ Under ORS § 161.375(4), the Psychiatric Security Review Board (PSRB) has the authority to take PSRB supervised persons into custody on Revocation Orders, which are comparable to arrest warrants and subject to the same rules.

2.1.2. ~~2.1.2.~~ A member ~~shall typically be~~is notified of a PSRB Revocation Order through a PSRB Law Enforcement Data Systems (LEDS) message reading: "No Criminal Warrant, PSRB order for mandatory return to Oregon State Hospital." - Members shall then:

2.1.2.1. ~~2.1.2.1.~~ Take the person named in the Revocation Order into custody and notify a supervisor.

2.1.2.2. ~~2.1.2.2.~~ Ensure the Oregon State Hospital Communications Center is notified; the phone number can be found in the PSRB LEDS message.

2.1.2.3. ~~2.1.2.3.~~ Transport, with the person with one other member, ~~the person~~ to the Oregon State Hospital Communication Center and notify a supervisor of the transport.

2.1.2.4. ~~2.1.2.4.~~ If additional verification of Revocation Order is needed, the PSRB Executive Director may be contacted. - The phone number can be found in the PSRB LEDS message.

2.1.2.5. ~~2.1.2.5.~~ Document the incident on an appropriate police report, ~~and complete~~ [all mental health mask reporting requirements for a mental health crisis response](#), and submit [the information](#) to a supervisor before the end of shift. -  
~~2.2.-~~

## 2.2. Unlawful Elopement from PSRB:

2.2.1. ~~2.2.1.~~ If a person is under the jurisdiction of the PSRB and elopes without permission from a facility, they have unlawfully eloped and members may be contacted to bring that person back to the facility. - ORS § 161.336(4)(a). - Under such circumstances, members shall:

2.2.1.1. ~~2.2.1.1.~~ Verify the person is under the jurisdiction of the PSRB. - The facility should have a copy of the Order on location; otherwise members may verify the Order within LEDS.

2.2.1.2. ~~2.2.1.2.~~ Determine if taking custody of the person named on the PSRB Order may be achieved in a safe manner. - Delaying custody is a tactic that may be used if the member determines that taking the person into custody under present circumstances may result in an undue safety risk to members, the involved person, and/or others. - If delaying custody, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into custody.

2.2.1.3. ~~2.2.1.3.~~ Transport the named person back to the facility unless the member determines the person meets the criteria in Directive 850.21, Peace Officer Custody (Civil).

2.2.1.4. ~~2.2.1.4.~~ Complete the appropriate police report and mental health ~~mask-text~~ [template](#) documenting the incident and submit the report to a supervisor before the end of shift. -

~~3.~~

## 3. Police Response to Civil or Criminal Custody Requests: Escape from an Oregon State Hospital:

3.1. ~~3.1.~~ If the superintendent of an Oregon state hospital issues an escape warrant for the apprehension and return of a person, members shall:

3.1.1. ~~3.1.1.~~ Verify the identity of the person in LEDS.

3.1.2. ~~3.1.2.~~ Take the named person into custody and notify a supervisor.

3.1.3. ~~3.1.3.~~ Ensure the Oregon State Hospital Communications Center is notified; the phone number can be found in the LEDS message.

3.1.4. ~~3.1.4.~~ Transport, with one other member, the person to the Oregon State Hospital Communications Center and notify a supervisor of the transport.

3.1.5. ~~3.1.5.~~ Document the incident on an appropriate police report and mental health mask and submit to a supervisor before the end of shift. -

~~4.~~

## 4. Supervisor Responsibilities:

4.1. ~~4.1.~~ Supervisors shall ensure their members follow reporting requirements for the civil or criminal custody. -

#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, December 14, 2017 3:44:17 PM  
**Last Modified:** Thursday, December 14, 2017 3:45:28 PM  
**Time Spent:** 00:01:10  
**IP Address:** 174.25.5.201

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Page 1

**Q1** Please provide feedback for this directive

COMMENTS ON MENTAL HEALTH AND OTHER DIRECTIVES NOVEMBER/DECEMBER 2017

To Chief Outlaw, Capt. Bell, Lieutenant Morgan, PPB Policy Analysts, Compliance Officer/Community Liaison Team, Community Oversight Advisory Board staff, US Dept. of Justice, Citizen Review Committee and the Portland Police Bureau:

First of all, we welcome Chief Outlaw to this process of public review of Bureau policies. The process, which was developed as part of the US Department of Justice Settlement Agreement, is a good example of something both Portland Copwatch and the Bureau might deem "community policing," though shortcomings still exist. In August, we noted that Portland Copwatch (PCW) has commented on over 100 Directives over the last four years, some of them 3 or 4 times, in hopes of creating a more professional, accountable and transparent Bureau, while helping de-emphasize violence and conflict.

While it has been a relief to have two months off since the last set of Directives were posted for comment, we're now faced once again with the Bureau creating overlapping deadlines for sets of policies released in mid-November (addressed in this email) and early December (comments to follow). For the November set of Directives, which were posted at <<http://www.portlandoregon.gov/police/59757>>, we have put in most of our comments below these introductory thoughts. We note, however, that the Bureau has not taken up our reasonable suggestion to post its current list of intended changes, or even areas requiring attention, when posting Directives for review. Rather, the community is given 30 days to comment on existing Directives with no clue as to what is under scrutiny, but only 15 days to comment once the Bureau releases proposed revisions. The comment period should be at least 30 days on both ends, as we've noted many times, so that organizations including official city advisory boards have time to meet and compile recommendations.

We are not making comments on Directives 414.00 (Pregnancy), 212.20 (Milk Expression) or 410.00 (Injuries/Illness), the latter of which is up for its first review.

We note here that all three Mental Health Directives under review were revised in early 2017 even though they were last posted for input in April 2015, with some of the changes coming after the opening of the Unity Center earlier this year. We very much appreciate that the Policy Section of all three Directives now includes the sentence "Members shall treat the individual with dignity and compassion at all times."

PCW has continually suggested-- to no avail-- that the Bureau add letters to section headings (Definitions, Policy, Procedure) to avoid having multiple sections with the same numbers. We also strongly suggest PPB go back to its earlier practice of enumerating the Definitions, to make referencing them easier. Our comments below refer to the Procedure section unless otherwise noted.

DIRECTIVE 850.22 POLICE RESPONSE TO MENTAL HEALTH DIRECTOR'S HOLDS AND ELOPEMENT

--The name of this Directive was changed from "Police Response to Requests for Mental Health Custody."

## Directive 850.22 Feedback

--As with 850.21 (Civil Holds), the definition of "delayed custody" was cut. However, it is still used in Sections 1.2.1 and 1.2.3.2.

--Oddly, the Section (1.1.2.1) that required officers to verify the person ordering a hold has the proper authority was cut. It seems this could present serious legal issues for the City and the Bureau.

--The requirement that a police report be filed by the end of shift was cut from 1.1.2.3 (previously 1.1.2.6), though such a deadline is included in 1.2.3.4 and 2.2.1.4 on elopement, and 2.1.2.5 on revocation orders.

--Section 1.2 now includes references to "Notice of Mental Illness" (NMI), which does not appear to be a term used in the statute cited (ORS 426.070), and sounds a little like a "scarlet letter." If the term is a legal term, clearly the Bureau would have to go to the legislature to change it. Either way, we hope a less broad term will be substituted.

--In our previous comments we noted that the Directive states a person voluntarily at a medical facility who elopes is "free to leave" (1.3.1), something we suggested be reflected in other policies to ensure community members know when they are being detained or not.

--Previous sections 1.1.2.3-1.1.2.5, which had to do with officers' interactions with medical facilities, were cut, again presumably due to the opening of the Unity Center. However since officers sometimes do enter the Unity Center and other hospitals with persons in crisis, some direction should be retained. Also, language we commented on previously discouraging officers from "controlling" people inside facilities unless there are crimes like assault involved was cut (old Section 1.4.2); this issue is addressed in 850.25 (Police Response to Mental Health Facilities). Though that Directive is referenced in the "Refer" section, maybe an explicit statement should be added saying "for information on interactions at mental health facilities, see Directive 850.25."

### CONCLUSION

In our last two sets of comments, we noted that the Portland Committee on Community Engaged Policing (or whatever the replacement for the Community Oversight Advisory Board will be called) will, by City Ordinance, be integrated into the Directives review process. Since the person who will help design the recruitment process does not have to turn in a resume until January 5, we continue to ask that the Bureau recognize PCW's concerns about the process and substance of these policies.

Thank you for the opportunity to comment  
dan handelman and other members of  
Portland Copwatch

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### Q2 Contact Information (optional)

Name

Email Address

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