*Please note: This is a working draft of Directive 850.25. This is proposed language and the Bureau has not implemented any changes to the current policy at this time.

850.25 Police Response to Mental Health Facilities
2nd Universal Review: 05/15/18-06/14/18 (clean view)

Refer:
- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- DIR 850.20 Police Response to Mental Health Crisis
- DIR 850.21 Peace Officer Custody (Civil)
- DIR 850.22 Police Response to Mental Health Director's Holds and Elopement

Definitions:
- Mental Health Facility: Includes secured residential treatment facility, residential treatment facility/home, adult foster home/care facility, supported housing, or hospitals/clinics that provide supervision and housing for people diagnosed with a mental illness.

- Designated Residential Mental Health Facility: Secure and non-secure treatment facilities designated by the Multnomah County Mental Health and Addiction Services and/or the State of Oregon 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).

Policy:
1. It is the responsibility of mental health facilities to have the proper resources to manage people in mental health crisis and to transport persons under their supervision to other care facilities. Mental health facilities should direct routine and urgent calls to their facility administrator or the Multnomah County Crisis Line. It is the expectation that mental health facilities will not request police assistance with behavior management, such as gaining physical control of a person who is aggressive, resistive, or refuses to go with facility-arranged transportation. Members should not become involved in these behavior management matters. Members shall respond to: 1) assaults in progress and/or other serious events in which immediate intervention is required to stop or mitigate injury to a person; 2) investigate crimes and take action as appropriate; and 3) requests for mental health custody in accordance with Directive 850.22, Police Response to Mental Health Director Holds and Elopement. Members shall treat these individual with dignity and compassion at all times.

Procedure:
1. Member-Supervisor Coordinated Response Required:
   1.1. Response to emergencies (Priority 1-3) at designated secure residential mental health treatment facilities shall include a supervisor and a minimum of four (4) officers, one of which is an Enhanced Crisis Intervention Team (ECIT) Officer, if available. ECIT officers shall advise Sergeants on the mental health aspects of the call, when feasible. Unless extreme exigent circumstances exist, members may not enter a designated secure mental health facility without notifying their supervisor of the request and coordinating a response.

   1.2. Lower priority calls at designated secure residential mental health treatment facilities shall be dispatched to the district officer and require supervisor notification. A supervisor may request assistance of an ECIT officer if necessary.

1.3. Response to emergencies (Priority 1-3) at designated non-secure residential mental health treatment facilities shall include a supervisor and a minimum of two (2) officers, one of which is an ECIT officer, if available. ECIT officers shall advise Sergeants on the mental health aspects of the call when feasible. Unless extreme exigent circumstances exist, members may not enter a non-secure mental health facility or residential mental health facility without notifying their supervisor of the request and coordinating a response.

1.4. In addition to ROADMAP, as listed in Directive 850.20, Police Response to Mental Health Crisis, the following are other tactical options for members and their supervisors to consider before entry into a designated residential mental health facility:

1.4.1. Evaluate the nature of the situation and necessity for police intervention.

1.4.2. When time allows, have responding members stage and wait for the arrival of all necessary personnel and resources.

1.4.3. Request a staff member meet police outside the facility to provide information on: 1) the facility layout; 2) the locations of the person who requires police response, other patients, visitors, and staff; and 3) any other information about the incident and persons involved that would aid police in planning their response.

1.4.4. If police intervention is warranted, evaluate contact options, including by phone, in person, or other means. If in person, evaluate the need to utilize additional cover members. Develop a tactical plan, taking advantage of the most effective control options that may safely resolve the incident.

2. Behavioral Health Unit (BHU) Responsibilities:

2.1. The Behavioral Health Unit shall:

2.1.1. Post designated secure residential mental health treatment facility floor plans on the Bureau's Intranet.

2.1.2. Regularly review the designated Multnomah County and/or State of Oregon mental health facility lists to ensure the accuracy of mental health facility hazard flags.

2.1.3. Follow up on concerns regarding police response to designated residential mental health facilities. As appropriate, the Behavioral Health Unit shall meet with facility management representatives to review the representatives' expectations of police assistance in emergencies and facility emergency policies for addressing concerning incidents.

Provide feedback here

850.25 Police Response to Mental Health Facilities
2nd Universal Review: 05/15/18-06/14/18 (redline view)

Refer:

- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- DIR 850.20 Police Response to Mental Health Crisis
- DIR 850.21 Peace Officer Custody (Civil)
- DIR 850.22 Police Response to Mental Health Director's Holds and Elopement

Definitions:

- Mental Health Facility: Includes secured residential treatment facility, residential treatment facility/home, adult foster home/care facility, supported housing, or hospitals/clinics that provide supervision and housing for people diagnosed with a mental illness.

- Designated Residential Mental Health Facility: Secure and non-secure treatment facilities ~~registered with~~designated by the Multnomah County Mental Health and Addiction Services and/or the State of Oregon 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) (c) (d).~~

Policy:

1. It is the responsibility of mental health facilities to have the proper resources to manage people in mental health crisis and to transport persons under their supervision to other care facilities. Mental health facilities should direct routine and urgent calls to their facility administrator or the Multnomah County ~~Call Center~~Crisis Line. It is the expectation that mental health facilities will not request police assistance with behavior management, such as gaining physical control of a person who is aggressive, resistive, or refuses to go with facility-arranged transportation. Members should not become involved in these behavior management matters. ~~But,~~ M~~m~~embers shall respond to: 1) assaults in progress and/or other serious events in which immediate intervention is required to stop or mitigate injury to a person; 2) investigate crimes and take action as appropriate; and 3) requests for mental health custody in accordance with Directive 850.22, Police Response to Mental Health Director~~'s~~ Holds and Elopement. Members shall treat these individual with dignity and compassion at all times.

Procedure:

1. ~~1.~~ Member-Supervisor Coordinated Response Required:

   1.1. ~~1.1.~~ Response to emergencies (Priority 1-3) at designated secure residential mental health treatment facilities shall include a supervisor and a minimum of four (4) officers, one of which is an Enhanced Crisis Intervention Team (ECIT) Officer, if available. ECIT officers shall advise Sergeants on the mental health aspects of the call, when feasible. Unless extreme exigent circumstances exist, members may not enter a designated secure mental health facility ~~or~~

~~designated non-secure residential mental health facility~~ without notifying their supervisor of the request and coordinating a response.

1.2. ~~1.2.~~ Lower priority calls at designated secure residential mental health treatment facilities shall be dispatched to the district officer and require supervisor notification. A supervisor may request assistance of an ECIT officer ~~as~~ if necessary.

1.3. ~~1.3.~~ Response to emergencies (Priority 1-3) at designated non-secure residential mental health treatment facilities shall include a supervisor and a minimum of two (2) officers, one of which is an ECIT officer, if available. ECIT officers shall advise Sergeants on the mental health aspects of the call when feasible. Unless extreme exigent circumstances exist, members may not enter a non-secure mental health facility or residential mental health facility without notifying their supervisor of the request and coordinating a response.

1.4. ~~1.4.~~ In addition to ROADMAP, as listed in Directive 850.20, Police Response to Mental Health Crisis, the following are other tactical options for members and their supervisors to consider before entry into a designated residential mental health facility:

1.4.1. ~~1.4.1.~~ Evaluate the nature of the situation and necessity for police intervention.

1.4.2. ~~1.4.2.~~ When time allows, have responding members stage and wait for the arrival of all necessary personnel and resources.

1.4.3. ~~1.4.3.~~ Request a staff member meet police outside the facility to provide information on: 1) the facility layout; 2) the locations of the person who requires police response, other patients, visitors, and staff; and 3) any other information about the incident and persons involved that would aid police in planning their response.

1.4.4. ~~1.4.4.~~ If police intervention is warranted, evaluate contact options, including by phone, in person, or other means. If in person, evaluate the need to utilize additional cover members. Develop a tactical plan, taking advantage of the most effective control options that may safely resolve the incident.

2. ~~2.~~ Behavioral Health Unit (BHU) Responsibilities:

2.1. ~~2.1.~~ The Behavioral Health Unit shall:

2.1.1. ~~2.1.1.~~ Post designated secure residential mental health treatment facility floor plans on the Bureau's Intranet.

2.1.2. ~~2.1.2.~~ Regularly review the designated Multnomah County and/or State of Oregon ~~designated residential mental health facilities~~mental health facility lists to ensure the accuracy of mental health facility hazard flags.

2.1.3. ~~2.1.3.~~ Follow up on concerns regarding police response to designated residential mental health facilities. As appropriate, the Behavioral Health Unit shall meet with facility

management representatives to review the representatives' expectations of police assistance in emergencies and facility emergency policies for addressing concerning incidents. ~~with combative or uncooperative patients.~~

#1

COMPLETE

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Time Spent:	00:03:58

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Q1 Please provide feedback for this directive

We need a provision that states that officers are encouraged not to enter the secured area of the facility. Facility staff should bring the person of interest out into the lobby area of the facility. (I say this because everyone has an opinion after the fact and one of the constant comments we hear is the following: "Why did the police have to go into the facility" The staff are perfectly capable of handling the situation" "If given an opportunity and time the staff could have dealt with the issue" "The cops have no business taking weapons into a secure facility"

For these reasons we need to draft something that specifically speaks to these concerns.

#2

COMPLETE

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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 850.25 POLICE RESPONSE TO MENTAL HEALTH FACILITIES

Our comment from April 2015 on this policy still stands: "This Directive still does not discuss the issue of officers bringing firearms and other weapons into hospitals and other facilities, as the introduction of such weapons could escalate the situation." We remind the

Bureau that Jose Mejia Poot was shot inside a mental health facility in 2001 when he was armed with nothing but the aluminum push-rod from a door. We have also read that despite hospital protocols, Portland Police do not check their firearms into lockers when entering the Unity Center.

--While Sections 1.1 and 1.3 still require the presence of Enhanced Crisis Intervention Team officers in emergency situations, Section 1.2 continues to downplay the role of these specially trained officers, saying a supervisor "may" call ECIT.

--It is possible we overlooked Policy Section 1, which limits officer response to facilities to "assaults in progress, investigat[ing] crimes, and requests for mental health custody" when we noted the 2009 version had such limitations but we didn't see them in the last version.

--We also earlier noted that while Section 1.4.4 directs officers to decide whether to contact the person in crisis by phone or in person (or, now, by "other means"), the suggestion for officers to use the phone to determine the "severity of the threat" was removed from the pre-2015 Section 1.4.1 on tactical options.

--Sections 1.4.5 to 1.4.8, which outline specific options such as calling for ECIT, Crisis Negotiators, or mental health providers were all cut. These are replaced by parts of the ROADMAP mnemonic, referred to as being in Directive 850.20. However, since the entire ROADMAP is spelled out in 850.21 we wonder why it isn't at least summarized here.

--PCW appreciates that the term "dealing with combative or uncooperative persons" was changed to "addressing incidents with" such persons, a less pejorative term (Section 2.1.3).

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

#3

COMPLETE

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Page 1

Q1 Please provide feedback for this directive

Directive 850.21 Peace Officer Custody (Civil);
Directive 850.22 Police Response to Mental Health Director's Holds and Elopment; and
Directive 850.25 Police Response to Mental Health Facilities

First, the National Lawyers Guild does not believe that police officers should be responding to mental health crises. Portland should look to other examples, like CAHOOTS in Eugene, to develop its own community-based mobile mental health crisis response team. Given the size of our city and the available resources (i.e. people willing to volunteer time and expertise to help run such a program), we believe this is a viable option for the Portland Community.

Second, there is no mention of lethal arms or firearms in 850.20, 850.21, 850.22, or 850.25. We do not believe officers responding to mental health crises should be armed with lethal force. Armed officers have the potential to escalate the "upward trajectory of intensity culminating in thoughts or acts that are dangerous to self and/or others" in action or in perceived action. This potential to immediately escalate a situation places the individual experiencing a crisis, the responding officer, and the surrounding community at great risk.

Third, while 850.20 highlights the composition of the Enhanced Crisis Intervention Team (ECIT), the general training process, and its role in responding to mental health crises, it does not detail how members are selected and trained. It does not provide information about the structure or content of the training, standards for quantitative and qualitative measurement of the training materials, or how its members are assessed in their knowledge of the material. Moreover, 40 hours seems minimal when compared to the amount of educational and professional training career mental health experts go through. The public (especially individuals suffering from mental illness and trained mental health professionals) should be able to provide insight into what the ECIT team and its training look like.

Fourth, we acknowledge that the city is investigating ways to effectively measure its success in responding to mental health crises. We would like to push that an accountability and effectiveness measure be outlined in the directives once the city determines what those will look like.

Fifth, we endorse Portland Copwatch's comments regarding these directives. Additionally, we would like to add a few minor comments.

Section 1 of "Policy" under Directive 850.21
Change "After considering" to "After exhausting." This change would reiterate the fact that there are numerous steps and actions to de-escalate which should be taken prior to custody. This word change gives teeth to those prior measures.
There is a significant amount of discretion given to officers when deciding whether to place somebody in a Peace Officer Hold. For public transparency, perhaps the directive could suggest a non-exhaustive list of examples where Probable Cause is given.

Former Section 1.1.2.1 under Directive 850.22
We would like to especially reiterate Copwatch's note that officer verification of the proper authority should be required when a hold order is given.