

*Please Note: This is a working draft of Directive 0850.22. The PPB has not implemented any portion of this draft. Submit your comments using the “Provide Feedback Here” link located at the end of the directive.

A redline copy of the updated directive is included in this attachment.

0850.22 Police Response to Mental Health Director Holds and Elopement
Second Universal Review: 6/15/22 – 7/15/22.

Refer:

- ORS § 426.005, Definitions for ORS § 426.005 to 426.390 – Persons with Mental Illness
- ORS § 426.070, Initiation
- ORS § 426.223, Retaking persons in custody of or committed to Oregon Health Authority
- DIR 0850.20 Police Response to Mental Health Crisis
- DIR 0850.21 Peace Officer Custody (Civil)
- DIR 0850.25 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 Behavioral Health Division 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 person with dignity and compassion at all times.

Procedure:

1. Police Response to Civil Custody Requests:

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- 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. Disengaging with a plan is a tactic that members may use when they determine 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 they disengage, members shall notify a supervisor and then develop a plan to determine a safer time and method to take the person into civil custody. All appropriate police reports shall be completed documenting the details of this decision.
 - 1.1.2.2. If a member takes a person into custody, the member shall arrange for AMR 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 act in accordance with Directive 0850.20, Police Response to Mental Health Crisis and/or Directive 0850.21, 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. Disengaging with a plan is a tactic that members may use when they determine 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 they disengage, members

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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 0850.21, 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 0850.20, Police Response to Mental Health Crisis and/or Directive 0850.21, 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.

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- 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. Disengaging with a plan is a tactic that members may use when they determine 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 they disengage, 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 0850.21, 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.
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 - 3.1.4. Transport, with one other member, the person to the Oregon State Hospital Communications Center and notify a supervisor of the transport.
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4. Supervisor Responsibilities:

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

[Provide Feedback Here.](#)

DRAFT

0850.22 Police Response to Mental Health Director Holds and Elopement

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- disengage, 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 8500850.21, 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.
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2.2.1.3. Transport the named person back to the facility unless the member determines the person meets the criteria in Directive ~~8500850~~.21, Peace Officer Custody (Civil).

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

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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.

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4. Supervisor Responsibilities:

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

#1

COMPLETE

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Page 1

Q1

Please provide feedback for this directive

- 1.1.2.2 Explicitly mentions AMR. Consider making this less specific to mention the county's contracted ambulance service provider, or whatever definition makes sense. AMR is currently contracted, but that is subject to change in the future; as recently as 2013 there has been chatter about having PF&R take over ambulance services.

- 1.1.2.3 - what is a mental health mask?

Q2

Respondent skipped this question

Contact Information (optional - your name will be visible on PPB's website)

#2

COMPLETE

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Page 1

Q1

Please provide feedback for this directive

COMMENTS ON MENTAL HEALTH, CUSTODY, IMMIGRATION AND OTHER DIRECTIVES, JANUARY 2022

To Chief Lovell, Capt. Parman, Lieutenant Morgan, PPB Policy Analysts, Compliance Officer/Community Liaison Team, Portland Committee on Community Engaged Policing, US Dept. of Justice, Citizen Review Committee and the Portland Police Bureau:

Below are Portland Copwatch's comments on the 13 of the 15 Directives posted for review in January . The "First Universal Review" is particularly challenging, not only because of the very short (15 day) timeline, but because it is difficult to know if the Bureau intends to make any changes to the policies. Because the public is presented with the policies as they currently exist, it is extremely challenging to determine if any changes were made between the last Second Universal Review and the present time. We strongly suggest that the Bureau include both (a) a statement of intent if there is a particular reason a Directive has been chosen and (b) a link to an existing implementation memo which might include a final redline of the previous iteration and the Bureau's reflections on public comments.

The wide variety of topics in this set of Directives is offset for us by the fact that we've made comments on all of them, except for 850.30 on Juveniles, previously. We've tried to indicate where the Bureau has made its (rare) changes reflective of our input. Otherwise, many of these comments are repeats of ones we made between January 2015 and January 2021.

Portland Copwatch (PCW) has chosen again not to comment on 660.32 Informant Processing because of the distasteful nature of such government-sponsored subterfuge, and 630.50 on Medical Aid, to which no changes have been made despite its previous posting in 2016.

We continue to ask that the Bureau add numbers or letters to the Definitions, Policy and Procedure sections to make them easier to reference. Our comments below refer to the Procedure section unless otherwise noted.

_____MENTAL HEALTH DIRECTIVES (last commented on April, 2020)_____

We begin with general comments we made when these Directives about Mental Health (850.20, 850.21, 850.22 and 850.25) were previously posted, updated here:

--Consistent Humanity Reminders: All four policies should reflect Policy Section 2 of 850.20 and Policy Section 1 of 850.25, which call on officers to treat people in mental health crisis "with dignity," "respect" (850.20) and "compassion" (850.25)-- "at all times" (also 820.25).

--References Mostly Fixed: We previously noted that all four Directives list "Definitions for ORS 426.005 to 426.390" in the Refer section and suggested the summary title "Persons With Mental Illness" be added. This was done in 850.20, 850.21 and 850.22. The summary title appears to be in the wrong place in 850.25.

--Memorize in Priority Order: We continue to believe the PPB should change its inadequate "ROADMAP" mnemonic for handling possible mental health crisis situations. The concept of "Patience" should not be the last item on the list. There are also two letter "A"s, with one standing for "Area Containment" and one for "Arrest Delayed," which can cause confusion. We suggested changing the mnemonic to "PD-MACRO," with the items listed as:

- __Patience
- __Disengagement
- __More Resources
- __Arrest Delayed
- __Containment
- __Request Specialized Units

0850.22 Directive Feedback (1UR)

__Observe or use surveillance.

"PD" should be easy for officers to remember, even though locals know our Department is the PPB. We note here again that officers can use all of these tactics (as well as non-engagement) on someone regardless of whether that person is in mental health crisis as alternatives to using force.

--Be Generic to Avoid Problems: For a few reasons, the Bureau should not refer to AMR, the private company which contracts for ambulance services in the County, in its policies. We suggest using a generic term about ambulances, especially if the Fire Bureau or other agency might transport the individuals, or if AMR ever changes its name. The Bureau has already shown a willingness to do so when references to the Unity Center were replaced by the generic term "secure evaluation facility."

--De-escalation Not About Stopping Using High Force Levels: PCW continues to urge the Bureau to define the term "de-escalation" to mean calming a situation down using verbal and physical tactics, not for lowering the amount of force already being used on a suspect (which is mitigation of force).

Here are comments on the four individual policies drawn from earlier input.

DIRECTIVE 850.22 POLICE RESPONSE TO MENTAL HEALTH DIRECTOR HOLDS AND ELOPEMENT

--Delayed Definition: As with Directive 850.21 (Civil Holds), the definition of "delayed custody" was cut. However, it is still used here in Sections 1.1.2.1 and 1.2.3.2.

--Cover Your Actions: A Section from a previous version requiring officers to verify the person ordering a hold has the proper authority was not reinstated, even though PCW pointed out this could present serious legal issues for the City and the Bureau.

--Set Firm Deadline: The requirement that a police report be filed by the end of shift has still not been put back into Section 1.1.2.3, 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.

--Use Appropriate Language: We continue to express concern that Section 1.2 includes references to "Notice of Mental Illness" (NMI), which does not appear in the statute cited (ORS 426.070), and sounds like a "scarlet letter." A less broad term should be substituted. If NMI is a legal term, the Bureau should propose that the legislature change it.

--Free to Go in Other Circumstances: The Directive states a person voluntarily at a medical facility who elopes is "free to leave" (1.3.1)-- an idea we keep suggesting the PPB should include in other policies to ensure community members know when they are being detained or not.

--Add Direct Reference: We continue to believe an explicit statement should be added to this Directive saying "for information on interactions at mental health facilities, see Directive 850.25."

--Share Template Publicly: A blank copy of the "mental health text template" referred to in 2.2.1.4 should be available to the public for transparency's sake.

--When Are Reports Required?: Section 1.1.2.3 instructs officers to fill out reports "when necessary" but doesn't define what that means.

CONCLUSION

We recognize that the Directives development process has evolved since it began, particularly with the addition of redline versions and

0850.22 Directive Feedback (1UR)

public comments posted in the Second Universal Review. There is still more to be gained by adding the information suggested in our introduction and holding public meetings to exchange ideas about suggested changes. Several advisory bodies including the Citizen Review Committee, Portland Committee on Community Engaged Policing and Training Advisory Council all have a stake in various Directives, but the first two only meet once a month and the latter only meets every two months, so they can't easily meet the Bureau's deadlines for input.

Many of these policies could help reduce harm against vulnerable parts of our population. However, the incidents of use of deadly force against people in mental health crisis continues unabated, with at least three of eight people shot by the PPB in crisis in 2021. Notably, the last time the Bureau was involved in this many deadly force incidents was 2005. Yet after nine years of oversight by the US Department of Justice, it seems the ideas of de-escalation and other tactics outlined in these policies are thrown out the window because an officer or officers default to pulling firearms, pile on an agitated person, or using so-called "less lethal" weapons. The number one priority should always be respecting the dignity and humanity of the civilian and making sure everyone gets to go home safe at night-- whether or not a suspected mental health issue is at play.

We appreciate being invited to provide input into the Bureau's policies. Our goal at Portland Copwatch is that so long as there is a Police Bureau, it should be free of corruption, brutality and racism. We hope that our suggestions will help lead to such a culture.

--dan handelman (and other members of)

--Portland Copwatch

Q2

Contact Information (optional - your name will be visible on PPB's website)

Name

Portland Copwatch

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, January 17, 2022 6:10:00 PM
Last Modified: Monday, January 17, 2022 6:13:19 PM
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Page 1

Q1

Please provide feedback for this directive

3.1.1. can you define LEDS in definitions or spell it out?
1.1.2.3 What is a mental health mask? Never heard of it.
When police officer transports, is the person handcuffed?

Q2

Contact Information (optional - your name will be visible on PPB's website)

Name **Tia Palafox**
