*Please Note: This is a working draft of Directive 0850.25. 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.

0850.25 Police Response to Mental Health Facilities
Second Universal Review: 6/15/22 – 7/15/22

Refer:
- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- DIR 0850.20 Police Response to Mental Health Crisis – Persons with Mental Illness
- DIR 0850.21 Peace Officer Custody (Civil)
- DIR 0850.22 Police Response to Mental Health Directors 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 0850.22, Police Response to Mental Health Directors Holds and Elopement. Members shall treat these persons 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.

*Please Note: This is a working draft of Directive 0850.25. 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.

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 as the strategies and resources listed in Directive 0850.20, 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.

0850.25 Police Response to Mental Health Facilities

Refer:

- ORS § 426.005, Definitions for ORS § 426.005 to 426.390
- DIR ~~850~~0850.20 Police Response to Mental Health Crisis – Persons with Mental Illness
- DIR ~~850~~0850.21 Peace Officer Custody (Civil)
- DIR ~~850~~0850.22 Police Response to Mental Health Directors Holds and Elopement

Definitions:

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   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 the strategies and resources listed in Directive ~~850~~0850.20, 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.

#1

COMPLETE

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Page 1

Q1

Please provide feedback for this directive

The policy section states expectations for mental health care homes. This is fine, but PPB directives don't seem like the right place to have that kind of policy. The City should consider updating city code to define standards for mental health care facilities, including guidelines for security personnel. I don't see any reason why a mental health care facility wouldn't rely on PPB for type 1-3 calls, and there is no mechanism to penalize institutions that are negligent in behavior management. Perhaps PPB should charge a fee for response to designated mental health facilities, similar to how fees are assessed for false alarms.

Q2

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

Name **Nathan Castle**

#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

__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 850.25 POLICE RESPONSE TO MENTAL HEALTH FACILITIES

--Appreciated Change (850.25): After we pointed it out multiple times, the Bureau finally fixed a typo that said "treat these individual" rather than "individuals." Thanks.

--Don't Bring a Gun to a Pillow Fight: Our analysis from earlier comments 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." 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 understand that despite hospital protocols, Portland Police do not check their firearms into lockers when entering the Unity Center.

--Require ECIT Response in "Lower Priority Calls": Sections 1.1 and 1.3 still require the presence of Enhanced Crisis Intervention Team officers in emergency situations, but Section 1.2 on "lower priority calls" continues to downplay the role of these specially trained officers, saying a supervisor "may" call ECIT.

--Be Clear About Contact with People: While Section 1.4.4 directs officers to decide whether to contact the person in crisis by phone, in person or by "other means," the suggestion for officers to use the phone to determine the "severity of the threat" was removed from a pre-2015 Section on tactical options. We added that contacting a person in crisis should not include the alleged look in the eye that Officer Kelly Van Blokland gave to Samuel Rice through a hotel's bathroom window before shooting Rice in the head with an assault rifle in 2018.

--Spell Out Options, Memorize in Priority Order: Section 1.4 includes references to parts of the ROADMAP mnemonic in Directive 850.20. However, since the entire acronym is spelled out in 850.21 we wonder why it isn't at least summarized here... and as noted elsewhere it should be changed to PD-MACRO.

--What is "Concerning"?: Section 2.1.3 suggests officers should work with facilities about "addressing concerning incidents." While it is best not to stigmatize some people based on behavior, specific examples might be helpful to narrow down what is meant by "concerning." PCW's suggestion: "addressing concerning incidents such as persons who are physically combative."

CONCLUSION

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

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, its 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

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Page 1

Q1

Please provide feedback for this directive

I appreciate the planning used & the emphasis on respecting people with a mental illness or in a mental health crisis.

Q2

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

Name	**Tia Palafox**