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850.25, Directives Review and Development Process

First Universal Review: 01/01/24 – 01/30/24

0850.25 Police Response to Mental Health Facilities

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 Behavioral Health Division 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 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 Behavioral Health Call Center. 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. However, 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.
2. 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.

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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 the strategies and resources listed in Directive 0850.20, Police Response to Mental Health Crisis, the following are other strategies for members and their supervisors to consider before entry into a designated residential mental health facility:
 - 1.4.1. Evaluate 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 BHU 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 BHU shall meet with facility management representatives to review the representatives’ expectations of police assistance in emergencies and facility emergency policies for addressing concerning incidents.

Established: 06/07/2006

Revised: 2014, 2016, 2018, 2020, 2022

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