

***Please Note: This is a working draft of Directive 0850.25 Police Response to Mental Health Facilities. 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: 3/15/24-4/15/24

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, respect, and compassion at all times.

Procedure:

1. Member-Supervisor Coordinated Response Required:
 - 1.1. Response to priority 1-3 emergencies (e.g., active life or safety threats, crimes in progress, etc.) 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

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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 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.

[Provide Feedback Here](#)

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Page 1

Q1

Please provide feedback for this directive

COMMENTS ON EMPLOYEE AND MENTAL HEALTH DIRECTIVES JANUARY 2024

To Chief Day, 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 Directives posted for review in January (<https://www.portland.gov/police/directives-overview>). Many of our comments are repeated from earlier rounds of review, both because the Bureau hasn't responded to our requests and, as acknowledged in the posting, the Employee Information System Directive wasn't actually updated after its last review.

We continue to urge the Bureau to add letters to section headings (Definitions, Policy, Procedure) so that there are not multiple sections with the same numbers, and to number the individual Definitions. Our comments below refer to the Procedure Section unless otherwise noted.

_____MENTAL HEALTH DIRECTIVES (last comments July 2022)_____

We begin again with general comments we made about the Directives around Mental Health (850.20, 850.21, 850.22 and 850.25), repeated or updated from previous comments:

--Consistent Humanity Reminders: All four policies should reflect Policy Section 2 of both 850.20 and 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 850.25).

--Prioritize Responses: It looks as if the Bureau has given up on its mnemonic for officers on responses to mental health crisis, formerly "ROADMAP." The list of possible responses is no longer summarized this way, and there are now eight items instead of seven. We suggest reordering the list in order of priority. While losing the easy way to remember the list, the greater problem is that the policy seems to continue pushing de-escalation and disengagement toward the bottom of the list rather than the top. We urge the PPB to publish the list in a way that makes officers think first about calming things down before calling in backup.

The items in 850.20 Section 3 and 850.21 Section 1.2 are:

- #1- Request Specialty Units (formerly #1).
- #2- Consult a Mental Health Provider (new item from 2022)
- #3- Observation / "surveillance"* (formerly #2)
- #4- Area containment (formerly #3)
- #5- Request resources (formerly #5)
- #6- Delay arrest (formerly #6)
- #7- Patience / de-escalation (formerly #7)
- #8- Disengagement (formerly #4).

Portland Copwatch suggests this order:

- #1- Patience/de-escalation
- #2- Disengagement
- #3- Consult a Mental Health Provider

850.25 Directive Feedback (1UR)

#4- Request Resources

#5- Delay Arrest

#6- Observation

#7- Area containment

#8- Request Specialty Units.

--Make De-escalation Definition Clearer: The PPB defines "de-escalation" as trying to avoid the use of force, which is acceptable. However, it also uses the same term to refer to lowering the amount of force already being used on a suspect, which is mitigation of force, and is called "Reactive De-escalation" in Directive 1010.00 (Section 1.2). The first type is called "Proactive De-escalation" in 1010. If the Bureau refuses to use a term like "mitigation of force" at least use these other terms consistently.

--Credit is Due: PCW appreciates that the Bureau appears to have adopted our suggestion to stop referring to AMR, the private company which contracts for ambulance services in the County and is in hot water for poor performance, instead referring more generally to "ambulance personnel" (850.21 Sections 2.1 & 2.2) and "ambulance transport" (850.22 Section 1.1.2.2). Thank you.

Here are comments on the four individual policies, also updated from previous input.

*-- Footnote for Mental Health intro: "surveillance" implies stealthy review of a person, possibly over a long period of time. "Observation" seems a better term.

DIRECTIVE 850.25 POLICE RESPONSE TO MENTAL HEALTH FACILITIES

--Nobody in a Hospital Has a Gun: Our analysis from earlier comments on this policy continues to stand: "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.

--If ECIT Officers are Experts, Use Them: 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. The special expertise should be emphasized.

--De-Escalate When Contacting Person in Crisis: Section 1.4.4 directs officers to decide whether to contact the person in crisis by phone, in person or by "other means." Whatever choice is made should be geared to de-escalate the situation. Contacting a person in crisis should not include looking a person in the eye and then shooting them in the head, as Officer Kelly Van Blokland said he did before killing Samuel Rice through a hotel's bathroom window in 2018.

--List Options Again: The reference to the old "ROADMAP" mnemonic for tactics was removed in this Directive, but similar options are now listed in Directives 850.20 (Section 3.1) and 850.21 (Section 1.2). The Bureau should also list those options here, at least briefly, for clarity.

--Define Your Terms: 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

850.25 Directive Feedback (1UR)

PCW appreciates the opportunity to comment on Bureau policies, the occasional responses to our comments in the form of changes being made and the new process of flagging anticipated changes. However, we also believe the Bureau should engage in more dialogue to foster faster and more substantive changes. By hearing more directly from impacted community members, the PPB can narrow the gap and lower the distrust felt from those who are supposed to be protected and served.

Thank you

--dan handelman and other members of

--Portland Copwatch

Q2

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

Name

Portland Copwatch
