

AGENDA

JOINT MEETING

Wasco County Commission, City Council, Mid-Columbia Center for Living Board

October 26, 2020

5:30 pm

VIA ZOOM

Zoom Login

<https://zoom.us/j/93179949563?pwd=YjdWT2JSWm1CYjZ1dIA1VldVSzAvdz09>

Meeting ID: 931 7994 9563

Passcode: 383910

Dial:

1 253 215 8782

1 669 900 6833

1. CALL TO ORDER
2. ROLL CALL
3. DISCUSSION –Regarding Relationship between local police and mental health services
4. ADJOURNMENT

This meeting conducted in a handicap accessible room, and is live streamed.

Prepared by/
Izetta Grossman, CMC
City Clerk

AGENDA STAFF REPORT

AGENDA LOCATION: Discussion Item

MEETING DATE: October 26, 2020

TO: Mayor, City Council, Wasco County Commission, Mid-Columbia Center for Living Board

FROM: City of The Dalles Chief of Police Patrick Ashmore

ISSUE: I am responding to the request from the City Manager to share the Police Department's protocol with mental health calls to service, and why it is not working, the Police Department's inability to take person's to NORCOR when crimes are committed, and what are CFL and MCMC's roles with mental health calls.

Mental Health Statutes are found in ORS 426. I am going to focus on is ORS 426.005 Section 1 (f) throughout this document.

A. Danger to self or others;

B. Unable to provide for basic personal needs that are necessary to avoid serious physical harm in the near future, and is not receiving such care as is necessary to avoid such harm.

When we receive a call involving someone we either know, or determine to be having mental health challenges, we immediately call the CFL crisis team to respond to the call with us. More often than not, the mental health challenged persons we deal with are current CFL clients, or have been in the past.

There are many examples in the past four years where we have had mental health clients who continuously commit crimes and because it was determined they are mentally ill, the Police Department has followed the advice of CFL, and agree that jail is not the best place for these clients, and do not arrested them.

As time has passed, the Police Department has become more assertive with CFL to do something with extreme clients who were *"clearly" either a danger to themselves or others, or were unable to provide for their own basic needs to avoid serious harm to themselves in the near future*, who are also committing crimes affecting the community's public safety.

These two criteria mentioned above are observed almost daily by Police Officers with current/previous CFL clients. Unfortunately, there are tragic (local) examples of clients killing a family member, suffering serious harm from frost bite (losing all their fingers), being sexually assaulted, and most recently a client who was seriously beat beyond recognition with a rock. There are dozens of other examples where clients have been suspects in serious person crimes, and/or victims of serious person crimes. Every one of these extreme examples the Police Department had responded to dozens of calls to service involving

the clients, prior to the serious incident occurring. The Police Department has written documentation where our safety concerns were raised with CFL with all of the extreme examples.

A disturbing known fact is if a client, (who is very mentally ill) choses, they can decline mental health services. The current system allow clients to decide for themselves to decline services, but the same system does not recognize that if a mentally ill person commits a crime, they are not to be held accountable.

The Police Department agrees that many of these clients don't belong in jail, but the challenge has become balancing the needs of the client, and the needs to keeping the peace, keep the public safe, two of the fundamental functions of law enforcement. Some of these clients have proven to be dangerous. Police Officers are not mental health experts and should not be put in a position to determine whose dangerous based on their mental health. It is very obvious to all of us involved in the current mental health crisis, that public safety is not, has not, and will not ever be a factor when making a decision how to deal with the clients as the system is now.

Sheriff Magill has made it clear if a person is brought NORCOR and has a known, or is determined to have mental health challenges, NORCOR will not accept them, (unless serious person crime). There have been some exceptions, but it's usually a phone call by me explaining circumstances that involves many calls, many crimes, and upset citizens or business owners who are frustrated with their "numerous" dealings with the client. I am not aware of a matrix or written criteria that the Sheriff, or NORCOR uses. Sheriff Magill has told me he is protecting NORCOR from civil liability and NORCOR is following the legal advice of their attorney.

CIS represents NORCOR, and also represents the Police Department regarding liability issues. I have had discussions with CIS regarding the Police Department's liability when we know about clients who are committing crimes, who we believe meet POH criteria, (dangerous to self or others), but CFL does not, and we're not allowed to lodge at NORCOR because of NORCOR's standing orders. It is my opinion that if the client hurts someone, or ends up hurt, the Police Department has exposure to liability because we have knowledge and have not done more to fix the problem and protect our citizens, and CIS told me they did not disagree with me. It would seem CIS is in a most obvious conflict of interest regarding representing the Police Department and NORCOR on the same issue. It is very difficult to understand how the public's safety seems to take the "back seat" to NORCOR's liability concerns.

In cases where the client meets ORS 426.228 (1.) A peace officer may take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, or custody, or treatment for mental illness. This process involves a CFL crisis worker meeting the officer at the nearest adequate facility that locally has been determined to be the Mid-Columbia Medical Center (MCMC) where the person is evaluated by CFL.

More often than not, if the client is not presenting that he/she is a danger to self or others during the evaluation by CFL, and when determined there is not an immediate threat, the client is released. In many of these cases the client is released with a citation to appear to court for the crimes that have been committed, and immediately goes back out into the community and take up where they left off with the criminal behavior, and the cycle begins all over.

The majority of the clients have extensive mental health history, and have dozens and dozens of police contacts, that include criminal history. CFL does not use previous mental health history, or criminal

history, and makes a decision based on the immediate behavior of the client at the time of the evaluation. Many clients know the system well and successfully manipulate the evaluation. I have spoken to CFL crisis workers who told me they often know the client is manipulating them, but they follow the process and cannot use history, even if it's only an hour old.

CFL will not do an evaluation when the client is believed to be under the influence of any controlled substances or alcohol. That is why mental ill patients often are in MCMC ER for hours and hours, they must remain at the hospital until they can be medically cleared, and that does not happen until they are sober. Also, the client can't have any controlled substances or alcohol in their system at the time of their CFL evaluation.

If the client is determined to meet criteria to meet a Director's Hold, the client will sit in the ER of MCMC, sometimes for days and days waiting for a mental health facility bed to open. I have seen them laying on the floor agonizing, and begging for help in the ER waiting for a bed. I've spoken to many previous CFL clients and their families, who tell me they have given up on CFL and would rather die on the street than suffer through the frustrations of a system that has never worked for them.

If in the CFL evaluation the client is considered dangerous, police officers assisted with the client security, numerous days at a time, 24 hours a day. It was not only a bad use of valuable police resources, it also results in disruption of the ER, often involving loud abusive language, and offensive and disruptive behavior that created difficult conditions for ER staff, and more importantly the patients that were in ER for their medical emergencies.

MCMC has recently added limited security, but the police department still receives calls because the security is limited in their abilities to secure an out of control patient.

When CFL crisis worker deems the mental health criteria has been met in a client evaluation, a CFL Director's hold is put on the client. A mental health hearing is scheduled in front of a Judge who decides if the state has met the criteria for a commitment based on the CFL investigation.

CFL crisis workers who have presented cases in front of our local Circuit Court told me it is rare for CFL to win a hearing as the local defense attorney is very good at defending the client's "rights to freedom." I have learned that it is more important to protect the client's freedom, despite the evidence and obvious dangerous situation the client is living in. I have spoken to local defense attorneys who have told me it is their job to protect the constitutional rights of the mentally ill, because the mentally ill are unable to protect themselves because of their illness.

I have personally observed dozens of clients living in anguish. The extreme cases are homeless, eating garbage, dumpster diving, and barely surviving. I know of clients who lose extreme weight, have been sexually taken advantage of, use harmful controlled substances, wear clothing they have urinated and defecated in, not aware they are freezing, not aware they are over dressed in extreme heat, agitating other citizens to the point where I've been told if we don't remove the client from the scene, the next call we will get will be us picking up the dead body of the client, because the citizens was so afraid of the client and will do what they must to defend themselves and their families.

I am also aware of many CFL clients that are not homeless. But struggle daily with mental illness. We respond to known addresses of clients for Domestic, Assaults, out of control family members breaking furniture, neighbors of clients who have been threatened numerous times, to include client's trying to

break down doors and get into neighbors residences. I've heard family members "begging" for help in regards to their family member who is mentally ill.

The Police Department has agreed numerous times to transport CFL clients to adequate facilities in Portland. When a Director's hold is presented the Police Department would rather transport the client directly to Portland versus following the system's transport process. CFL contracts with a professional secure transport company out of Portland, but when the transport comes here, they must be able to pick the client up at the hospital. That creates logical/safety, and time issues so it makes more sense for the police department to transport directly to Portland. We have accepted this added responsibility to assist CFL and take out un-necessary steps that include negatively affecting the MCMC ER department. We have received three such requests in the past week, and in all the cases have agreed to transport.

I sent a recent email highlighting my concerns regarding the most recent case involving a mentally ill client. In this example Police Officers had 15 contacts in a very short window with this client where two alleged criminal acts were committed. The client harassed a 17 year old boy, and an 11 year old boy at the skate park. The mother of the 11 year old was angry when she was told the client did not meet the criteria of being a danger to self or others and CFL could not do anything with the client. She became even more agitated when she was told NORCOR wouldn't allow Officers to lodge the client. I explained to her the dilemma we in law enforcement face in cases like her son's on a regular basis.

I met with my Police Officers who told me when they called Sheriff Magill twice, they explained the client was out of control, harassing minors at the skate park, but they believed the client was not a danger to self or others and requested to lodge the client. They told me they believed strongly in this case a Police Officer Hold (POH) was not appropriate. I not only agreed with them, but when I spoke to CFL Assistant Director Al Barton, and a CFL crisis worker who were also on scene, who also agreed a POH was not appropriate and in this case believed that jail was appropriate for the client to remove the client from the scene. Officers were forced to write a citation for the alleged criminal acts, and let the client walk away.

This is just one example of literally dozens and dozens that the Police Department faces on a weekly basis. The Police Department is stuck in the middle of other agencies making decisions that affect public safety in an adverse way, and take away all of the tools necessary for the Police Department to keep the public safe.

We work well with all of our partners, but there are times when situations make it clear that public safety for the citizens in the City of The Dalles is NOT a priority.

The Police Department ended up transporting the client to Unity in Portland, based on another call involving this client that I highlighted in my email. During the transport the Police Officer described a very detailed and disturbing scenario regarding the client and the ride to Portland that I will not go into, but highlight even more the severity of the mental illness this client is suffering from.

I learned today this client is being held at Unity until the commitment hearing scheduled next week. When I spoke to the CFL crisis worker who was presenting the case on behalf of the state, he was not confident there is not enough evidence to get the client committed. My expectation is we'll be dealing with client again starting in the middle of next week.