



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 9/25/14  
Agenda Item #: C.1  
Est. Start Time: 9:30 am  
Date Submitted: 9/10/14

**Agenda Title:** **Authorizing a Designee of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody.**

**Requested Meeting Date:** Next Available Consent Agenda **Time Needed:** N/A  
**Department:** DHCS **Division:** MHADS  
**Contact(s):** Bill Osborne LCSW  
**Phone:** 503-988-8282 **Ext.** N/A **I/O Address:** 161/1/520  
**Presenter Name(s) & Title(s):** N/A- Consent Agenda

## General Information

### 1. What action are you requesting from the Board?

Requesting adoption of order and approval of designees. The Mental Health and Addiction Services Division is recommending approval of the designees in accordance with ORS 426.228.

### 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Outpatient mental health agencies depend upon certain staff members' certification to assess clients for "Director Designee Custody". This certification allows the County designee to direct a "Peace Officer", typically a police officer, or a secure transportation provider to take into custody a person whom the designee has probable cause to believe is in need of immediate care, custody or treatment of a mental illness. "Peace Officers" or secure transportation providers then **transport** the person to a hospital or other approved treatment facility for further evaluation. As agencies experience staffing turnover or increases, new staff need to be trained and certified as designees.

### 3. Explain the fiscal impact (current year and ongoing).

None

### 4. Explain any legal and/or policy issues involved.

ORS 426.228 and OAR 309-033-0250 (4)(a) provide the procedure for this process and give the Board the authority to designate staff for this purpose.

### 5. Explain any citizen and/or other government participation that has or will take place.

None

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**Required Signature**

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**Elected  
Official or  
Department  
Director:**

Peggy Samolinski /s/

**Date:**

09/10/14