



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(revised 12/31/09)

## Board Clerk Use Only

Meeting Date: \_\_\_\_\_

Agenda Item #: \_\_\_\_\_

Est. Start Time: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** Next Available **Amount of Time Needed:** N/A  
**Department:** DCHS **Division:** MHASD  
**Contact(s):** Jean Dentinger/Karen Zarosinski (x26468)  
**Phone:** 503-988-5464 **Ext.** 27297 **I/O Address:** 167/1/520  
**Presenter(s):** Consent Calendar

## 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 the accordance with ORS 426.215.

### 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 having the ability to assess clients for "Director Designee Custody". This certification allows the designee to direct a police officer or secure transportation provider to take into custody any individual with mental health issues who is found to be dangerous to self or to others. Police then transport the individual 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.

In accordance with ORS 426.215

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

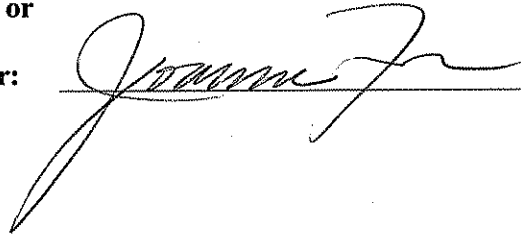
None.

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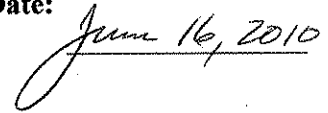
**Required Signature**

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**Elected Official or  
Department/  
Agency Director:**

A handwritten signature in cursive script, appearing to read "Joanne F.", written over a horizontal line.

**Date:**

A handwritten date "June 16, 2010" written in cursive script over a horizontal line.