HB 3466, passed during the 2009 legislative session, directed the Oregon State Police to create and maintain a medical health database within the Law Enforcement Data System (LEDS).

The intent of the legislation:

To provide law enforcement agencies with information to assist persons with a qualifying illness or condition in obtaining medical, mental health and social services.

An individual with one of these qualifying conditions may **voluntarily** provide this information to the Marion County Health Department for entry into LEDS.

The information will only be accessed in order to provide necessary information to law enforcement officers and other emergency personnel when responding to an emergency.



After numerous high profile events involving individuals with mental illness, stakeholders agreed on the importance of three goals:

(1) protection for at-risk individuals in the community
(2) protection for officers working in the field
(3) peace of mind for families of at risk individuals



http://www.co.marion.or.us/HLT/MH/Pages/LEDSMedicalDatabase.aspx

ORS 181A.285 encompasses the language of HB 3466

Directs the Community Mental Health and Developmental disabilities program director to provide an annual report to their Local Public Safety Coordinating Council on the *use of medical health database*

Started locally in June of 2016:

Collaborative effort of our Crisis Outreach Response Teams, Mobile Crisis Response and the Health Department and the Psychiatric Crisis Center.

To date:

(4) individuals have voluntarily entered their information

ORS 181.641 Training in vehicle pursuit and mental illness recognition

- The Department of Public Safety Standards and Training shall include in the minimum training required for basic certification as a police officer under ORS <u>181.665 (Certification of police officer and certified reserve officer required)</u>:
 - (1) The law, theory, policies and practices related to vehicle pursuit driving and, as facilities and funding permit, vehicle pursuit training exercises; and
 - (2) At least 24 hours of training in the recognition of mental illnesses utilizing a crisis intervention training model, at least one hour of which must include training on the appropriate use of the medical health database described in ORS <u>181A.285 (Medical health database)</u>.

MCRT and CORT 2016 preliminary STATS:

MCRT- 524 calls for service:

18	Jail lodges
3	Director Custodies
35	Medical transports
86	Police Officer Custodies (POC)
3	Stabilized in place
109	Voluntary to a medical/mental health facility
6	Voluntary to a non-medical/mental health facility
217	No Action
32	Unable to locate (left scene)
15	Other resolution

MCRT and CORT 2016 preliminary STATS:

CORT- 503 Follow ups to LE contact

2,764 Reports received and reviewed

2017- An addition of 1 North County Team for MCRT Addition of .5 prosecutor (DA) to focus on Aid and Assist jail population Potential addition of 1 South County Team for MCRT

Addition of front line supervisor (Sergeant level) for both CORT and MCRT

On-going public outreach and education on the benefits of our local approach to crisis related incidents and the LEDS Medical/Mental health database.