

Submitter: Sylvia Zingeser

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2757

Dear House Committee,

I am a NAMI Multnomah family member. I also serve on Portland Police Bureau (PPB) Training Advice Council (TAC). In regards to HB 2757 I support passing it. However, I am concerned about what kind of calls a trained mental health responder might not be able to handle, that they might find themselves in a situation where their lives might be in danger.

I understand many people believe no officer should ever answer a mental health call. With my personal experience with my adult son's mental health crisis we have to have a Crisis Intervention Trained (CIT) officer respond to our calls for help. My son has suicidal ideation among other mental health conditions. With my son's events he does not hear anyone. He is essentially gone and only determined to commit suicide at that point. I do not believe trained mental health responders can talk my son out of committing suicide . I am also concerned they might get hurt by my son if they touch him. As brutal as it is for PPB officers along with a CIT officer they have had to physically restrain my son to get him on a stretcher so he can be transported to a hospital Emergency Room for evaluation. PPB officers have saved my son's life multiple times. Right now my son appears stable. He lives with me and my husband.

I agree there are situations that trained mental health responders could, and should, handle most mental health crisis calls. However, when there is an active scene of suicide in progress, like hanging oneself, time is of essence to get that person cut down to stop the person from completing the suicide. They could actually die in front of all our eyes. This will probably need physical force and restraints. I have had to make this kind of call several times. I would not want a law that says I have to wait for a trained mental health responder to come to our home to assess and decide if they need to call for a CIT officer and an ambulance. I cannot stop my son, my husband cannot either, but the police are better equipped to save the person's life, in these kinds of situations. And, yes, there may be injuries all the way around trying to restrain the person, as it was with my son during those calls for help.

I will read the bill carefully to see if there are any exclusions. My other fear is that cities will decide they do not need to CIT train their officers, because it would be better for police budgets. I still believe all officers around the state should get 40 hours of CIT. In a large city like Portland, their Behavioral Health Unit (BHU) officers get an extra 40 hours of CIT. I fully support the BHU. In my opinion, it is the best program the PPB has. It would be a tragedy to dismantle it. (My concern is city

budgets are often cut in favor of another program they think will work better or they can save money on. This why I bring this up). The BHU has been successful with savings people's lives who were in a mental health crisis.

Yes, things have gone very wrong at times. The TAC task group I serve on is the Continuous Quality Improvement Task Group (CQI). Our goal is to measure situations like how to reduce the number of police deaths during a mental health crisis call. We believe the police can do better training if they have the right data support. We hope we can recommend developing better training skills. We do believe that officers should work closely with mental health responders. It will take both groups to protect everyone involved. It is complicated, but we believe it can be done. All of us on the TAC CQI Task Group are volunteers. If you would like to talk with us further, please, contact me. Thank you for your time.

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