



National Alliance on Mental Illness

NAMI | Multnomah

January 28, 2014

Dear Judge Simon

NAMI Multnomah members are concerned that the current Department of Justice Agreement with the City of Portland and the Portland Police Bureau (PPB) leaves a great deal of wiggle room for what could culminate in another disastrous *Use of Excess Force* event. We believe that there are several loopholes that need to be addressed to further assure there is less chance of confrontation with someone living with mental illness. We understand there have been changes that try to address some of these issues. However, they do not go far enough to protect people when they are in a mental health crisis and need the assistance of police officers

Use of excess force is a primary concern. This leads to our fear of calling the police even when appropriate police intervention could be very helpful, because some of us have had very bad experiences when we have sought police help on suicide calls or trying to get a loved one transported to a mental health facility. There are loopholes where officers can step over the boundaries of their training and in certain situations could lead to *excess use of force*, which could maim or kill the individual. Our experience has been that when one of these incidents happens the officers are always held harmless. Even when they are fired, the police union has invoked the arbitration process, which in EVERY case results in an overturning of the sanction.

We are also concerned that officers who have used *excess use of force* in the past are still on the street and could be the one to respond to our call for help. Worse, some of those officers are now in a supervisory capacity, and could provide catastrophic orders to their subordinates. We have no assurance that these officers have changed their behavior patterns, especially since they were not sanctioned and especially when faced with a stressful situation in which, as psychological studies clearly prove, old habits are the response of first resort. We believe, for example, that there is one such officer who is working on the Mobile Crisis Prevention Team now. With their training to use force to control difficult situations and their established habit patterns of overuse of force, we greatly fear that these officers might decide the only way to take control of the situation is by escalation.

The County's Crisis Assessment and Treatment Center was promoted as a drop-off mental health facility where officers could take people in mental health crisis, but it is not. A person has to be evaluated before he or she can be received at this mental health facility. As it stands now, officers have to take people to local hospital emergency rooms, which are extremely busy whose triage processes, understandably give priority to bodily trauma over mental health crisis. The only time officers should be sending people to the hospital is if there has been a physical confrontation with the police where the person has been hurt, or the person may have injuries sustained due to their crisis situation, or they have other physical issues that require going to a hospital emergency room; otherwise there should be an established location for taking people when they are experiencing a mental health crisis.

Turning from our concerns with police behavior, we believe that there needs to be a way to develop the collection of data so as to track how things are functioning with the PPB operations so as to curtail the *excess use of force*. This would be to everyone's benefit. We find that the proposed Agreement is vague in this regard, not specifying what types of measures need to be collected and how they are to be used. While a full set of measures and analyses is clearly beyond the scope of the Agreement, we wish to see a clearer statement of the orientation, purposes, and scope of such information processing. We support the idea of a Quality Assurance program that would track not only actual contact or death of an individual, but also "near misses" of *use of force*, where things might have gone wrong, but fortunately did not. This would enable the establishment of evidence-based police procedures that demonstrably reduced the likelihood of bad outcomes. We believe that such a tool would further educate and train officers on use of force and understanding how mental illness crisis enters into the picture of a call they may be involved in.

Respectfully submitted,

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