

Chair Johnson, Vice Chair Wilson, Ranking Member Weinstein, and Members of the Armed Services, Veterans Affairs and Public Safety Committee,

Thank you for the opportunity to submit testimony on SB 321. My name is Cori Elaine Schleiffer. I am a longtime resident of Cleveland. I am testifying in opposition to SB 321 because I know exactly how harmful it could be in a clinical setting. It is imperative that clinical leadership have the final say over the safety and governance of behavioral health facilities.

I understand that critical interactions in clinics, especially behavioral health clinics, are on the rise, having been an in-clinic employee many times myself. But an arms race between police and behavioral health clinic clients is not the way to solve this problem.

Behavioral health crises are marked by behavioral disruptions in a client, often impacting thinking and decision-making. Clients in behavioral health crisis require a deeper level of clinical dexterity, a deeper level of understanding about mental health, and a deeper desire to do what it takes to restore self to a client who feels out of their mind or body. The training required to reach this deeper understanding is only provided to healthcare workers; we do not provide that training to police.

I have had to call for help with some client interactions before, and I have worked with my leaders to talk clients down in so many potentially dangerous scenarios. We talk weapons off of clients, talk drugs out of their pockets, talk them off of metaphorical ledges. We talk, we explain, we encourage, we connect; these are the skills that deescalate a client. These are the skills that help a client stay confident that they are in a safe and good place, and should continue collaborating with clinicians to reach better health. Police officer intervention would have escalated each situation I experienced. A police officer carrying bigger, scarier weapons would definitely escalate any critical incident in a behavioral health clinic.

SB 321 will increase the weapon power and capacity for lethal violence in clinics where a delicate ecology of respect, humanity, and compassion reigns. It is imperative that clinical leadership have the final say over the safety and governance of behavioral health facilities.

For these reasons, I respectfully urge you to vote NO on SB 321.

Sincerely,

Cori Elaine Schleiffer
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