

Testimony Name: Stacia Hines

Date of Hearing: Tuesday February 16th, 2021 at 1:30pm

Committee: Health and Government Operations

Sponsored by: Delegate Sheila Ruth

Bill Number: HB0537

Full Title of the Bill: Mental Health Law – Petitions for Emergency Evaluation – Procedures

Position: In Support of Passing HB0537/SB0398

Thank you Chair Woman, and members of the committee for reading my testimony in support of HB 537.

My name is Stacia Hines, and I am a social worker who has experienced firsthand how the current crisis response system is failing our children and adults in crisis. I have been a social worker for 6 years now, and I have worked with many children and adults who have experienced mental health crisis and can tell you that **our current system is not working**- not for adults, definitely not for children, and not for mental health professionals, hospitals, schools or police.

In working with 2 adult clients who required an EP, we did everything we could to delay or avoid police involvement due to knowing our clients and their responses to police officers in the past. In each of these cases when police involvement became necessary to EP not only did the situation escalate, but the **police looked to me to provide a report as to what had happened**. At the time, I was an LMSW so I could not file for an EP and had to do so from my LCSW-C supervisor. But if I could have, I would have much rather taken each of the clients to the hospital and provided the information needed directly to mental health staff to reduce wasted time and reduce chances for miscommunications as the information changed hands. Miscommunication is not only from a game of telephone, but also with regards to language barriers which was the case in one of these situations, where the police officer engaging the client did not speak the same language. **My rapport with the client and mental health background were most useful in this case for the client, not the presence of a police officer.**

In another case with an adult client, I was able to support him in recognizing the need to go to the hospital. But due to not having transportation, we were forced to call the police to transport him, which caused further harm and crisis management when he had to be handcuffed to ride in the police car. At the hospital he was considered a voluntary admission and was able to check himself out 24 hours later despite the continued risk he posed to himself and the community. **This is our current EP process, and it continues to exacerbate harm to vulnerable individuals in a terrifying moment of need.**

Children and emergency petitions are an even more complicated situation. A 1st grader I worked with was triggered at school which resulted in a psychiatric emergency. Strangers arrived and put him in handcuffs, restricting his movement, further escalating the situation resulting in a skinny 6-year-old being involuntarily dragged down the hall of his school and into a police car where he was forced to ride alone in the back seat of the cop car to the hospital. Evaluations of children in this state can lead to overmedication and misdiagnosis not to mention overtaxed resources being stretched even thinner. **The EP process is also failing our children. We can do better than this.**

With one of my adolescent clients, they leaned on our therapeutic relationship of trust and rapport to let me know when they needed to be hospitalized. But that process was not easy either. I remember the predicament I was in as a clinician **explaining to this adolescent that being transported to the hospital would mean they would have to be handcuffed like a criminal, taken in a police car to the ER.** They refused this option sharing 'I will be fine' while they obviously were not. Their mom was able to leave work, borrowed a car, and drove the adolescent directly to an adolescent psychiatric hospital, where waited over 5 hours for the interpreter to arrive before they were admitted. This adolescent waited almost 12 hours from disclosure of her crisis to being admitted to receive help. **It should not be this way.**

EP's have the power to get clients to safety. Yet so many **resources are not used effectively** in the current process and **too many people do not get the help that they need.** Right now, **many clinicians and clients do not have confidence in this process because of the required police involvement.** By passing HB 537, it can improve the EP process and make it one that can actually serve to get those in crisis to safety and evaluation, IN SAFE AND DIGNIFIED WAY. I urge you to please support this bill.

Please feel free to reach out to me if you have any questions.

Thank you,
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