HB 439
Opponent Testimony
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Feb 7, 2022

Good afternoon, *Chairman Hilyer, Vice Chair Grendell, Ranking Member Galonski, and members of the House Civil Justice Committee.* I appreciate the time to come before you today and offer my views and perspective on HB 439 – indeed, a very different perspective from that offered by the proponents, all of which hail from Summit County. My name is China Darrington and I'm a person with lived experience of having a severe and persistent mental illness (SPMI) which HB 439 has the potential to affect.

I have a diagnosis of bipolar I with psychotic features. That means on any given day, I can wake up and my brain is not my friend and may be presenting symptoms which could give someone without a good understanding of my behavioral health condition, concern. I'm very fortunate that I have a good treatment team, good insight into my disorder, medication, and an understanding of how my behavior and choices can help or hinder my functioning and quality of life. As a result of this treatment, I have a high-quality life where I work in the behavioral health sector as a mental health and substance use advocate, and a director of public policy for a peer recovery support service organization.

HB 439 appears to expand the criteria for involuntary holds, by adding a very vague and subjective "psychiatric deterioration standard." I believe this new standard, if implemented without additional resources and thoughtful training and planning by local stakeholders, risks bringing more Ohioans into an already stressed behavioral health system without the guarantee of person-centered care.

I am also very concerned that law enforcement officials, well-meaning as they are, would not be appropriately trained or have the clinical experience necessary to carry out the responsibilities of this newly proposed standard. In my experience, law enforcement and other first responders are already overburdened with their responsibilities and have no background in being a behavioral health specialist. Yes, there are 17,000 CIT-trained officers in the state of Ohio;

however, there are 26,000 officers in total, and no guarantee that the one that shows up at my door has any background of my life or condition.

I come before you today to give you a point of view of how HB 439 has the potential to affect me, a person living with SPMI, and others like me:

Let's say I wake up one morning and the symptoms of my bipolar disorder are a little closer to the surface than usual. I'm talking fast and saying things that seem grandiose and unsettling to others. I may be seeing or hearing things that others do not. This sounds quite scary to others who don't understand psychotic symptoms, but to me, this is just what I live with having my condition. And many people experience such symptoms.

I usually have several close friends on my support team, and when I have symptoms very often I'll ask them for their opinion on how I'm acting and we can intervene at that point. Sometimes it is them who tell me of the "red flags" they are seeing in my behavior and I trust that they are telling me the truth.

But what if I'm at work, or out shopping. What if it's a family member who doesn't have a good understanding of my condition and doesn't agree with my therapeutic interventions and considers me non-compliant with certain aspects of my medication or treatment plan and believes that I'm in danger? That person could call 911 and report that I'm experiencing "psychiatric deterioration." And they would be correct to a certain extent but they don't have a relationship with me or know my history and how I maintain my health. I would be at greater risk that a well-meaning officer, or other emergency response official with a limited understanding of SPMI, listens to them and under HB 439 determines that I will be involuntarily held and evaluated.

In addition to the above concerns, this legislation could also harm me financially. Let's say an ambulance is called to transport me to the emergency department for this psychiatric evaluation. I have commercial insurance that doesn't cover the cost of that transport unless I'm experiencing a medical emergency. Behavior health incidents aren't covered. When I get to the emergency department very often I'm placed in a behavioral health room where everything is stripped and bolted down so that I can't be a threat to myself or others. I'm left alone for long periods of time without being able to contact my support people because they've taken my phone and personal belongings. I heard proponent testimony where Dr. Smith made it seem like this evaluation "was a couple of hours out of the day." I have never had a behavioral health evaluation at a hospital that took less than a full twenty-four hours, often more. During that time I don't have access to my meds, because they can't verify what I'm taking and I haven't actually seen a psychiatrist yet. My symptoms get worse and even people without a mental illness would probably be experiencing distress at this point.

When that officer or health official made that determination to use this fifth criterion of "psychiatric deterioration" and the word of a family member or other to involuntarily hold me, did I have minor children in my care? If I wasn't able to quickly get someone to come care for my

children before they transported me, children's services would be called and I now would possibly have a child welfare case opened so now I'm multi-system involved. Now I have extra complications to navigate while trying to stabilize my disorder.

Because it takes so long in the average emergency room to conduct a behavioral health examination and I have no means to communicate, I may miss my shift at work, jeopardizing my employment and my ability to provide for my family.

The proponent testimony you heard last month has noble intentions, but it presented an overly simplistic view of how the behavioral health systems work. And the ripple effects of what expanding the criteria for an involuntary hold can have on my life. Disruptions to work, family, and financial costs, and the possibility of exacerbating the very condition they intend to help.

When I need help, it must be person-centered and not strip me of my autonomy. It must be from behavioral health experts and people with lived experience, peers I trust. Not a badge and a gun, and definitely not based on some vague and subjective notion of deterioration that will cause future harm. This legislation may be written with the best intentions but in my opinion, it unnecessarily expands the criteria by which a person like me could be held against my will. I would encourage the committee to refocus its efforts on supporting the development and funding of the state's crisis services continuum – mobile crisis units; stabilization centers; peer supports; expanded CIT training; and enforcement of insurance parity for behavioral health conditions.

It is for this reason that I oppose HB 439 and want you to consider my perspective when you make your decision on this proposed legislation. Thank you for your time. I'll take any questions from the committee now.

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