

House Civil Justice Committee
Judge Elinore Marsh Stormer
Proponent Testimony on House Bill 439
December 1, 2021

Chair Hillyer, Vice Chair Grendell, Ranking Member Galonski and members of the House Civil Justice Committee, thank you for the opportunity to speak on behalf of House Bill 439.

I am Judge Elinore Marsh Stormer and I have been a judge for 30 years, serving in Municipal and Common Pleas Court before becoming Summit County Probate judge in 2012. In each court, I bore witness to the toll that untreated mental illness takes on our community and resources. I know that recovery is real and that treatment works.

In 1991, as a municipal judge, I started the first mental health treatment court for seriously mentally ill misdemeanants who committed crimes largely because they were untreated. It was quite successful in keeping serious mentally ill people from being rearrested. As a Probate judge, I run an Assisted Outpatient Treatment Court (AOT) for those civilly committed. AOT is a collaborative program for those with serious mental illness who lack insight into their illness and refuse treatment their prescribed medication. As a result, they can get caught in the revolving door of hospitalization and civil commitment.

In our program, the court uses its 'black robe effect' to encourage participants to accept treatment long enough to realize that the treatment is helping them. Prior to Covid, my AOT Court had a recidivism rate of 2.5% - only 2.5% of those who completed the program were re-hospitalized during the next several years.. Covid has changed those numbers due to reduced access to treatment as well as increased stressors among those with severe mental illness during the pandemic.

I support HB 439, a change desperately needed to provide a doorway to treatment for those whose severe mental illness is deteriorating but who refuse or cannot access treatment. It provides a missing piece to keep people out of hospitals and out of the criminal and civil justice systems. We should not wait for the person to become a "substantial risk" before offering evaluation and treatment.

First, I want to note that this bill only lets specific people initiate emergency examination for someone who has ALREADY been diagnosed with a severe mental illness such as schizophrenia or bipolar disorder. It gets them into a medical facility so that they may be seen by a doctor. It does NOT apply to anyone with Alzheimers or cognitive impairments and it does NOT mandate hospitalization.

Second, it is NOT an automatic civil commitment. In fact only about 30% of the people in Summit County who are brought to emergency rooms using an R.C. 5122 affidavit actually move forward to civil commitment hearings. The other 70% receive appropriate treatment and are released. And remember, these are patients who have deteriorated enough that they are believed to be at risk to themselves or other

So, what does this bill do? It allows people familiar with a seriously mentally person to ask for help when their loved one is objectively deteriorating but does not yet meet the other criteria in the law now. It means that they don't have to wait until that person is in danger of harming themselves or another to get them examined. And ultimately it will mean that far fewer people are actually committed.

Here is a recent example: Matt M was living in a burned out home with no water or utilities. He was using water from the creek behind his house and panhandling for food and drugs. He was previously

diagnosed with schizophrenia, was not able to describe how he was caring for himself, was not on medication and appeared psychotic. Crisis Intervention Trained (CIT) police officers took him to an emergency room where he was not found to be a “danger” to himself or others.

Several days later, the CIT officers returned and found him naked, mowing the lawn of his home. He was arrested for indecent exposure, jailed and eventually taken from jail to the state psychiatric hospital where he stayed for several weeks. He was not civilly committed. He went to a group home which he subsequently left. It was determined that he is treating his mental illness by using methamphetamine, something not that uncommon.

Wouldn't it have been better if he could have been taken in the hospital the first time, evaluated, treated and released to community services? Or if warranted, hospitalized and stabilized? Or if necessary, committed and put into an Assisted Outpatient Treatment (AOT) program? Instead, he absorbed many more services, including being treated in the jail. How much money did it cost in police time and ultimately state hospitalization, to send him home untreated versus treating him in the first instance.

And, sadly, Matt is one of many. We know that like any illness, quick intervention can stave off a worsening condition. Each time a mentally ill person descends into darkness, it is harder to get them back to their original baseline. The longer it goes and the more times it happens, it becomes less and less likely that we can expect a return to complete functionality.

I doubt anyone would suggest that allowing those with a diagnosis of severe mental illness to go untreated is a good idea. HB 439 is a step in the right direction.

I have personally watched those in my courts get treatment, get jobs, reunite with their families and go on to happy, productive lives. I urge you to take this important first step for the many people in Ohio who will benefit.

I thank you for the opportunity to submit testify in support of H.B. 439.