April 3, 2017

I want to thank the chairs and representatives of the house committee on healthcare for their time and consideration on HB 3090.

On May 8, 2014, my late husband, Jesse Willard's brain broke, and he shot and killed our four year old daughter Maribella, then himself. Four months prior to that, he was hospitalized during a manic episode following a doctor supported detox off his pain medications that he was prescribed after a car accident. He had undiagnosed Bipolar disorder, which caused the manic episode.

The day I brought him to the ED, I had first brought him to his counselor, who then told me to bring him to his primary care, who then told me to bring him to the ED. He was completely delusional, at times forgetting that I was his wife. The ED evaluated him and said that he was on a voluntary hold. There was an assessment and I was interviewed as well. They told me that he needed to be transferred into a psychiatric facility for further care. I went home that evening to care for our children. In the middle of the night, I heard someone come in, and found him asking for $20 for the cab he took home. There was no phone call from the hospital stating that he was discharging himself, no communication what-so-ever. He was still manic and I had to bring him in the next morning to be re-admitted. He then was "boarded" in the ED until they could find him a bed in another facility and they placed him on an involuntary hold at that point.

The need for a protocol for release is critical. There needs to be a checklist every hospital has that has the minimum of:

1) Encouraging the patient to sign an authorization for the disclosure of information so that the care giver can participate in the discharge plan. We had this and nothing was discussed with me. Often people in psychiatric crisis can be delusional. With meds that can be helped, however, if they go off their meds, that is where it is critical that a care giver can talk to the appropriate people to get support and help.
2) Assessing the patient's risk of suicide. There are several studies that show that after release from a hospital, there is marked increase for risk of suicide. There needs to be an honest conversation about this, which I wish someone had with me.
3) Assessing the long term needs of the patient. This includes need for community based services, the capacity of self-care, the question of what are they going home to, a coordination of "what's next" in terms of transitioning from the acute ED to follow up appts with the proper support.
4) Means safety counseling. I cannot emphasize the importance of this. There is study after study of the percentage of people who die by suicide, how many of those deaths are via a gun. Jesse owned a gun. He was a responsible gun owner, had it locked up, etc. If asked, I would have said he never would hurt anyone nor himself with it. What NEEDED to be discussed with me that someone in a behavioral health crisis is not thinking with their normal minds. What NEEDED to be discussed is all those studies and I would have gotten the gun out of our house, no questions asked.

When you see someone you love manic, the person you knew is not there. I was lucky in that Jesse was not violent, but more passive. I was scared and not knowing what was happening when he was in crisis nor what our future held. I was not counseled on means safety counseling. It was the plan that he was going to be moved, but he checked himself out without any communication from the hospital to me. If a protocol was in place (to contact and talk with the care giver), that would not have happened, I would have been contacted, went down there, and immediately recognized that he was still not well and should not be allowed to leave.

I urge you to vote yes on HB 3090, however make an amendment to put means safety counseling in the discharge plan. It is vitally important that there is a ED discharge policy and checklist so that things are not missed, forgotten and that both the patient who presented with a behavioral health crisis and the people who are trying to care for them are supported in such a vulnerable and scary time. You would not have a diagnosis of cancer without a checklist being gone over and followup care coordinated. It needs to be the same for people with mental illness and even more if they are presenting to the ED in a crisis.

Thank you for your time

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