

Submitter: Regina Pitts
On Behalf Of:
Committee: Senate Committee On Human Services
Measure, Appointment or Topic: SB989

Although I would prefer to submit this testimony anonymously, I feel that in order for it to make a true impact on those in charge of this vote, I must tell my truth. This is not easy for me, as it opens me up to judgment from colleagues, but I believe it is necessary.

I have read the testimony of those opposing this bill and I agree with the majority of their statements. Institutions absolutely have a history of abuse towards both children and adults; preying on “the weak” is nothing new. I have heard horrible stories from children, adults, and professionals working in the field. Therefore, I share concerns with the broad wording of this bill. It needs amendments and there needs to be high-level oversight of what occurs on a daily basis.

As I write this very personal information, I remind you that if you have not been in these hopeless situations, then you should not be speaking on them with judgment, nor on the individuals experiencing this level of trauma.

My reason for supporting Senate Bill 989 is simple. As a parent of a now adult with autism and co-occurring mental illness, I know that when my child was in crisis and in dire need of inpatient treatment, we needed this option. I do not use the word “parent” in terms of power, but in terms of being the adult with the fully functioning prefrontal cortex. While he was still a child, his prefrontal cortex was still growing and learning, all while he was experiencing a mental health crisis. If you are familiar with the crisis cycle, then you know that in that place decision-making is not at its peak; that's stating it lightly. Add in a diagnosis that affects his communication and the way he perceives and understands people, things, words, and life in general, coupled with rushing puberty hormones. This combination threw him into a space where impulsivity and uncontrolled emotions were rampant. Please note that this is not a description of a troubled teen, but of a child in crisis who needed help from safe adults.

I want to be clear that I believe the best place for a child to receive support is at home with their family, but there need to be options when said child is no longer able to be safe in the outpatient setting. Outpatient services are lacking, and we as a community are failing. To quote another testimony, “We should do more to support outpatient care, keep children in homes, and support parents with the tools they need to educate their children about drugs, but also mental health in general.”

My opinion, based on personal experience, is that wraparound supports need to be

reworked, and that includes staff training. The therapists are entry-level and have no real field experience. (This is what happens when degrees are valued over real-life experience.) Additionally, what are the meetings doing for families? Taking them away from work that feeds their family and pays the bills? That adds even more stress. Creating adversarial relationship-breaking dynamics between child and parent by constantly talking about negative behaviors? Absolutely. And why do these “intensive” services only begin when the family is already in crisis? Where is the prevention mindset? I firmly believe that if my son and I had received the appropriate supports, life would not have gotten so bad that I felt I had no choice but to place him out of my care. So this is me saying quite loudly that. We need both. We need to improve outpatient supports, we need IDD and mental health care to intersect and work together, and we need to stop having an either/or mindset. Grey areas exist, and those people are drowning.

In closing, I ask this: If I am allowed to make the excruciating decision to move my son out of our home and into a foster or group home setting, shouldn't I also be able to consent to inpatient treatment for my child?