

Submitter: D Torres

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 also. This is not easy for me, as it opens me up to judgment, 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 a functioning adult in telecommunications, this was not the case at the age of 14. As a single parent, while at work, I received a call from her middle school to come pick her up and have her tested for drugs. As her parent, I assumed I could just take her and get her tested. I could not because she would have had to give me permission to do so. As it was by the time she made it to 9th grade, I would drop her off at school and she would exit the rear door. She had no grade. If it had not been for the Katherine Freer Wilderness Therapy Group at that time, I'm not sure where she would have been today. This intervention saved my daughter and taught her to care for herself. Parents need options.

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 daughter and I had received the appropriate supports, life would not have gotten so bad that I felt I had no choice but to place her 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 daughter 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?

Please support this bill. Parents need options when a child is in crisis.