

# EMERGENCY OBSERVATION AND TREATMENT- EOT

## TESTIMONY

# CONFEREES

- JULIE SOLOMON, LSCSW, MBA-WYANDOT INC.
- JUDGE KATE LYNCH, DISTRICT COURT OF WYANDOTTE COUNTY
- OFFICER TOM KEARY, OVERLAND PARK PD
- MAJOR BILL COCHRAN, TOPEKA PD
- OFFICER KEN WHITESIDE, LEAWOOD PD
- JASON HESS, CEO, HRADAC

## (PART OF) THE PROBLEM

- **Moratorium-Reduction in state hospital beds;**
- **24/7 Crisis centers like RSI are voluntary only;**
- **Petitioner currently has to wait for a bed to open at OSH (~22 hours). What do you do with the person in the meantime?;**
- **Hospital ER's-long wait times/and get to pick & choose who they will accept;**
- **Persons in crisis are ending up in jails, ER's, or left on the street—not getting the treatment they need;**

# (PART OF) THE SOLUTION-EOT

## **What is EOT?**

- **Statutes last updated in 1996;**
- **Gives BH specialists the authority to provide care and treatment to someone who is in crisis;**
- **Currently, that authority rests with the judge;**
- **EOT applies only to patients who are deemed a danger to self or others;**
- **The authority would last for UP TO a maximum of 72 hours, or until the crisis is resolved;**
- **Post-Adjudication use of Receiving Centers;**
- **Immunity to LEO's. Sovereign Immunity for RC's/tort claims protection.**

# (PART OF) THE SOLUTION-EOT

- **Texas/Arizona --(IN/MA/CO-72 hours; GA/TX/AZ-48 hours)**
- **San Antonio~45% are stabilized in 48 hours;**
- **Best Practice Standards with CIT—having a no wrong door drop-off site for LEO's;**
- **LEO/BH/Family/Friend as petitioners;**
- **No requirement for communities/providers to enact the bill;**
- **Receiving Centers would not be responsible for medical costs if a person is taken from a receiving center to an ER;**
- **State would designate receiving centers;**

# BENEFITS OF EOT

- **Treats people in crisis closer to home and to their natural supports;**
- **Reduces unnecessary criminal justice involvement;**
- **Reduces Involuntary Commitment Petitions;**
- **Opportunity to stabilize a crisis in a behavioral health receiving center environment as opposed to a state hospital environment;**
- **Gives law enforcement, family, and behavioral health professionals a 24/7 access point for people in crisis, including involuntary situations;**
- **Tailors a law to emerging best practices;**
- **Improves discharge planning to CMHC services.**

# PROCEDURAL SAFEGUARDS

- Standards are the same as for IC;
- Up to 72 hours maximum-EOT;
- Consumer Advocates have asked we consider a minimum time frame for observation to reduce situations when someone can briefly appear to “hold it together” (~4 hours has been suggested);
- State would need to designate and license receiving center;
- MD or other designated behavioral health specialist of state approved receiving center would determine if the person meets criteria for EOT;
- A second behavioral health specialist would need to re-assess within 23 hours;
- 48 hours—Another assessment to determine whether or not a formal IC with the court needs to be filed;
- Staffing would consist of a combination of medical, behavioral health and PEER.

# LAW ENFORCEMENT

- **While not a "Law Enforcement issue", it is a Police Problem;**
- **Current statutes and resources inhibit police ability to fully take advantage of CIT principle of De-Criminalization of Mental Illness;**
- **Sometimes Jail is our only available option;**
- **“So we have to wait for something to happen...” (Frustrated Families);**
- **Removes guess work from where to go with a consumer;**
- **Should ultimately reduce officers’ Time on Call and free up PD resources.**



# SUBSTANCE ABUSE

- **People who are chronically high or drunk have a brain disease and need a period of time for their use to be “interrupted” long enough to create a window in which they can engage in recovery services;**
- **Distance of State Hospitals;**
- **Many alcohol/other drug abuse services are limited to detoxification;**
- **Many alcohol/other drug abusers wind up incarcerated;**
- **Receiving Centers will provide a much needed interruption of their alcohol/other drug use and an opportunity to engage and support people in recovery services.**
- **Prevalence of Co-Occurring Conditions;**
- **Receiving Centers as opportunities for Outpatient Treatment Order clients with SA needs.**

# PROCEDURALLY (FOR LEO'S)

- **Law Enforcement can take a person into custody and bring that individual into a state approved receiving center if they have reasonable suspicion the person is of imminent risk of harm to self or others due to a mental health and/or substance abuse crisis.**
- **The officer would complete an emergency petition. The MD/other designated specialist would review the EOT petition and make a decision about whether or not that person meets criteria to stay involuntarily.**
- **Within 23 hours, a second behavioral health professional would need to review the petition and assess the individual and determine if the person still meets criteria.**
- **Within 48 hours, if the person is still not stabilized and still meets criteria, the appropriate behavioral health professionals will file a formal Involuntary Commitment Petition with the DA's office prior to the maximum of 72 hours that a person would be able to be held without court involvement.**
- **A person can be converted from involuntary to voluntary at any time in the 72 hour period.**

# PROCEDURALLY FOR BH PROVIDERS, FAMILY, FRIENDS

- **If a community member (behavioral health professional/family/friend) files the paperwork, that person brings the paperwork to the state approved receiving center. The MD or other designated behavioral health specialist will review the petition and talk with the petitioner to determine whether or not the identified person meets criteria for EOT. If there is agreement, a pick up order will be issued for law enforcement to bring the person into the receiving center for assessment.**
- **The same process as outlined on the previous slide would then apply.**