

Testimony for HB 1017 Mental Health Law – Assisted Outpatient Treatment Pilot Program

House Health and Government Operations Committee

Date: March 9, 2022, 1:30 pm

From: Claire Weinberg, Bethesda, Montgomery County

POSITION: SUPPORT

My son had Schizophrenia, and he took his own life. Assisted Outpatient Treatment might have saved his life.

I don't believe my son ever had any awareness of the causes of his suffering. Even though he was paranoid, delusional and hearing voices, he **NEVER RECOGNIZED THAT HE HAD AN ILLNESS so he REFUSED TREATMENT.**

Michael was diagnosed with schizophrenia as a teenager, after his first year in a U. of Md. Honors Program. Although he sometimes behaved bizarrely, he managed to get a degree in horticulture from the University of Maryland. He was too fearful to seek a professional job, but did some heavy tree work for a friend, and odd jobs.

His only violent behavior – he was too gentle a soul to ever seriously hurt anyone – was to give an occasional guy a punch when he thought - **THROUGH THE VOICES IN HIS HEAD** - that the guy was propositioning him!

When picked up by the police for this on one occasion, he was given his freedom on the condition he would see the doctor at the county clinic and take medication. He went for a short while, but when the doctor left, he stopped going and stopped the medication. **There was no follow-up by the treatment provider.**

Michael had a history of non-compliance with treatment as well as an arrest, and the inability to care for himself. If the judge had issued an order for Assisted Outpatient Treatment, the provider would have been responsible for following up to encourage him to abide by the court ordered treatment plan. If my son had stayed in treatment for a year under AOT, he would have had a chance to stabilize and possibly live a satisfying life. If he had deteriorated again, the treatment provider could have more easily petitioned him for evaluation for hospitalization. If he didn't meet the criteria for hospitalization, the provider would be watching to facilitate hospitalization as soon as possible.

Instead, without any treatment, Michael deteriorated to the point where he was suffering so with fear, paranoia, hallucinations, and depression that **he shot and killed himself.**

Assisted Outpatient Treatment might have saved my son. Since he refused voluntary treatment, because of the severity of his illness, there was NO outpatient treatment option for him. How can Maryland continue to offer NO viable outpatient treatment option for the most ill and vulnerable? You cannot bring back my precious son, but you have the power to prevent the suicide of others by offering them the life-line of AOT.

Please support HB 1017.