

Testimony for HB1017

March 9, 2022, 1:00 pm, House Health & Government Operations Committee

From: Kathleen Smith, Charles County

Position: FAVORABLE

AOT Could Have Changed My Son's Life

My 36-year old son who now has schizophrenia and is on the autistic spectrum spent ten years in prison, six in solitary confinement which exasperated his mental illness of bipolar to full blown schizophrenia/bipolar/paranoid type. Fifteen years ago if Assisted Outpatient Treatment (AOT) was in place, my son and our family could have been spared the pain of my son committing the felony crime of entering occupied homes while he was un-medicated, psychotic, homeless, on drugs and suicidal.

Since his release he has tried to be a functioning adult living with me, however with the pressures of a full time job, his medication dosage was lowered which set off the chain of medication non-compliance and its adverse effects. His life started to unravel and the beginning of decompensation started.

Over the past two years he:

- had three protective orders taken out on him in April & Nov 2021 and Jan 2022, including one by his adoptive father (that cannot live with us due to safety concerns)
- had 6 emergency evaluation petitions granted
- had 6 inpatient involuntary hospitalizations
- was discharged by the outpatient mobile team from the program due to "lack of participation" on Nov 2021
- was the subject of 3 missing person reports
- had two walkaways from crisis beds while in psychosis (medication non-compliant)
- had one elopement from a residential program as he was going to get emergency petitioned by the doctor on the grounds
- was committed to a VA hospital May & June 2021
- lost his job Dec 2021
- was homeless again Feb 2022 as he lost his apartment due to psychosis and safety of other tenants because of medication non-compliance.

He is currently hospitalized on an involuntary commitment in Baltimore. My son just started to take oral medication again on about the 15th day in the hospital (previously injectable medication was warranted due to medication non-compliance), however, as soon as he is discharged, as history has proven, he will not take oral medication or even receive injectable medication as an outpatient. This is a repetitive process of cycling in and out of psychosis, hospitalizations, discharge, non-compliance and return to psychosis again, then repeat, over and over and over.

Research in other states that have had AOT for years shows that the poor outcomes

experienced by people like my son can be improved. by having AOT available in all counties in Maryland. The ramifications of not having AOT in place and allowing people who suffer from psychosis are: lower cognitive function each time they go in psychosis, homelessness, unable to function for their basic needs, more likely to commit a crime, more likely to commit suicide, more likely to abuse drugs, more likely to be killed by a person in the community or by police.

We protect adults with a brain disease called dementia, so why are we not protecting adults with a brain disease called mental illness? Please pass HB1017 to start to help those who are so sick that they cannot help themselves.