

Testimony for SB 480

Chair: Senator Melony Griffith

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Lisa Bass Cooper emediapro@gmail.com Montgomery County, MD

Position: SUPPORT

Madame Chair Griffith and Members of the Senate Finance Committee, thank you for this opportunity to testify to support SB 480 to create assisted outreach treatment programs under mental health law.

My name is Lisa Bass Cooper. My daughter receives mental health services in Silver Spring, Maryland, where she suffered a relapse at the end of January 2022. I am a member of NAMI Montgomery County, part of the country's largest grassroots mental health organization, the National Alliance on Mental Illness, and recently joined the group Treatment Advocates Coalition.

My daughter, who will be discharged from Sheppard Pratt Hospital this week to a new HOC-subsidized rental apartment with a live-in aide, developed schizoaffective disorder 19 years ago. Nearly two years later, my son showed signs of bipolar disorder, but was never adequately diagnosed. Confronted with a court hearing for seeking to use a stolen vehicle to commit vehicular suicide, he used my car instead the day before his hearing to commit vehicular suicide. He was 19. If an AOT program existed, he might have been able to get adequate treatment and counseling after his discharge from the hospital, only a week prior to his death.

For nearly 10 years after his suicide, my daughter was medication-compliant until she turned 30 and wanted to get married and bear children. She secretly stopped taking her medication and relapsed into a rapid cycling mania that was only calmed by introducing ECT at Sheppard Pratt Hospital. She relapsed again and she landed in a hospital that not only allowed her to refuse antipsychotic medications, but had her arrested from the hospital for injuring a male nurse who was in her room in the wee hours of the morning. Her father and I filed a complaint with authorities, but my daughter, who had never been arrested or in jail, served 75 days in Montgomery County's psychiatric lockup, still being allowed to refuse medication. Upon her release, I rented an apartment for her so she could comply with orders to remain in Montgomery County and go to Mental Health Court to have her record expunged. She achieved that goal and graduated. Her future looked bright.

But within 48 hours, she announced she was not taking medication because of the threat of tardive dyskinesia, a side effect of some psychotic medications. My hands were tied for five months until she became very manic and went through a revolving door of rapid cycling mania and delusions about having children. Eventually, after nine hospitalizations over a 15-month period at a government cost topping \$1 million, she is on an ECT regimen that appears to be working. However, at any point, she may lose insight into her illness, and will need a law like the one before you today to maintain some equilibrium and purpose in her life.

Senators, I hope you will join 47 other states that understand the need to modernize mental illness laws and services. Poor implementation and lack of foresight of the deinstitutionalization laws covering people living with mental illness are wreaking havoc in families and our society at-large. This is not about civil liberties. It's about recognizing a problem and fixing it. Passing SB 480 is a step in the right direction.