

Robin Yasinow  
Volunteer mental health advocate with  
NAMI Montgomery County  
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House Health and Government Operations Committee  
**TESTIMONY IN SUPPORT- FAVORABLE**  
**HB 121 Mental Health – Treatment Plans for Individuals in Facilities – Requirements**

**Chair Peña- Melnyk, Vice Chair Kelly, and Members of the Health and Government Operations Committee,**

I live with a mental health condition as does my loved one. As a volunteer with the National Alliance on Mental Illness, I work with people whose lives are deeply impacted by treatment in mental health facilities.

Mental health care is health care. There are rights we all deserve to have at any health facility, regardless of our illness. One of those rights is to be included in treatment planning and to involve a trusted family member or other representative when we choose to.

If your loved one has been hospitalized for a physical illness, you may have been at their bedside like I was when my dad had a serious infection. Doctors explained the plan for treatment and took my observations into account when adjusting the plan. I helped my dad weigh options for his treatment when needed. If he became too ill to make a decision, I could do that on his behalf.

People who have been committed to a facility for psychiatric illness deserve and can benefit from the same the involvement.

**Studies show that including patients and their family in treatment planning for mental illness makes economic sense;** it leads to faster recovery and lower rates of readmission.

I know this from personal experience. When my loved one with schizophrenia needed psychiatric care, our family was highly involved with the treatment team in planning. During a relapse, we were able to avoid sending our loved one back to the hospital as a result.

Too many people, especially ones at forensic facilities, do not have the benefit of being involved in their treatment or designating a representative. While they languish in hallways year upon year, their family members are denied information and shut out of decisions.

House Bill 121 will help to change that by empowering people who have been involuntarily committed to facilities. The bill enables them to designate a representative to be part of developing and reviewing their treatment plans. It allows those representatives to intercede if necessary and request a reassessment. Plus, HB 121 clarifies how and when plans should be reviewed so that treatment evolves to meet people's needs. And importantly, the bill requires plans to include a discharge goal and an estimated date.

Every person who goes into a facility deserves the best possible care and a full life outside of an institution.

I urge the committee to issue a favorable report of HB 121.