Testimony for HB1017
March 9, 2022, 1:30 pm. House Health & Government Operations Committee
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Position: FAVORABLE WITH ADMENDMENT

An Assisted Outpatient Treatment Program Can Help My Son Rebuild His Life with Dignity

My 33-year old son is diagnosed with schizoaffective disorder, bipolar type mania with psychotic features. At the age of 20, he started exhibiting symptoms of a mental illness while in his third year of college. He also has a severe, bilateral hearing loss since childhood. Despite having two chronic conditions, prior to COVID-19, he worked part-time, owned a car, and had his own apartment for almost two years in Frederick County, Maryland. Since he started refusing medication in 2020, he has had 11 hospitalizations—two in 2020, eight in 2021 and one in 2022. All were emergency petitions that required judicial, police, and mobile crisis involvement and emergency room (ER) admissions. In other words, they were traumatizing. And then there is the cost involved. One recent hospitalization for 36 days cost $47,000. He is a high inpatient user and his medical costs are now close to $200,000! February 7, 2022 he was readmitted to the hospital and went to the crisis residential program on February 22 where he is stabilizing while a permanent housing option is being sought. Because every hospitalization started with police and emergency rooms, my son has suffered terribly, is severely traumatized and is still homeless. This could have been avoided and tens of thousands in taxpayers dollars saved -- if Maryland had an Assisted Outpatient Treatment (AOT) Pilot Program.

Like many others with a psychotic illness, my son is caught in the cycle of repeat ER and hospital stays and homelessness.

After each hospitalization, he gradually stopped taking medications. This is very common among patients. Additionally, taking and keeping track of medications while homeless was almost impossible for him and his symptoms of paranoia, delusions, and psychosis greatly increased and affected his thinking, moods and behaviors. Because of his behaviors related to increased symptoms, he was issued stay away orders, trespassing notices, banned from staying in the local crisis, residential, and transitional housing programs, and even shelters and hotels. He had to seek crisis and shelter services outside of Fredrick in other Maryland counties. He is unable to lease another apartment using his housing voucher. He waited for four years on a waitlist to obtain the voucher that is now in jeopardy of being revoked. His inconsistent engagement with outpatient treatment and his diminished awareness for the need for treatment, caused by the illness itself, creates the repeated cycle that has been very costly to him. He needs a program that allows time for lasting stabilization on medication, treatment, and adherence monitoring. AOT is that program. It provides court-ordered treatment, following the individual's progress and assisting in preventing deterioration. It ensures adherence or the patient can be re-hospitalized.

Unfortunately, his recurring situation is wearing heavily on me. I had to personally file the majority of the emergency petitions because of Maryland's danger standard definition. This has strained our relationship. When a family member has to file, it causes damage to the very support system our loved ones need to recover. I want my son well, healthy and our relationship restored. I want him to have a chance at a meaningful life.

Please support HB1017. An AOT Pilot Program will provide an appropriate outpatient recovery program that my son must adhere to and afford him the opportunity to rebuild his life with dignity. It not only takes medication, it takes time with medication. AOT offers that lengthier time period to aid in recovery. For patients like my son, AOT is a lifesaver. My son deserves a chance at better health. Thank you.