

Testimony for HB1017

March 9, 2022, 1:30 pm, House Health & Government Operations Committee

From: Gina Beck

19501 Luhn Street

Poolesville, MD 20837

Position: FAVORABLE

My son is a 30-year-old man who experienced a downward spiral in his life over the past six years due the lack of AOT. He was first hospitalized in February 2016, for attempting self-harm. After four days he was released to his apartment with a prescription for antipsychotic medication which we filled upon his release. I tried to get him to come and stay at home in Maryland while he recovered, but he was a 24-year-old student at the University of District of Columbia, and he wanted to return to school and continue his studies.

He took his meds and went back to school. He was ok for a few months but then stopped taking meds and was using marijuana. Six months later in September 2016, he told me the voices in his head were too much and I convinced him to go with me to the hospital. At this point he was hallucinating and delusional, stating he thought someone was trying to kill us. We went to Montgomery General Hospital in Olney, MD, because I had been told they had a very good Psychiatric Unit. Well, we never got to find out. I begged the ER personnel to take us out of the waiting room to a place where my son would be secured. Ninety minutes later they triaged him, took his vitals, acknowledged he was clearly psychotic, and sent him back to the waiting room. Again, I begged and told them he was going to run. They did not listen, and he ran. It took me hours to find him, get him back into my car, and back home. Three days later I convinced him again to go to the hospital. This time we went to Shady Grove Hospital in Rockville, MD. I explained the situation just as I had at Montgomery General, only Shady Grove responded and moved him behind locked doors within 20 minutes of our arrival.

My son was released from Shady Grove after five days in the Psych unit and was referred to the Out-patient day program. He went for two days but did not go on the 3rd and 4th day. When I physically dragged him there on day five, they would not let him attend. My husband and I made multiple attempts to keep him in outpatient treatment, but because he is an independent adult who has no insight into his illness, he refused to continue. Without AOT there was not treatment for him.

On October 16, 2016, in a completely psychotic episode, my son shattered and destroyed 19 oversized windows in our 200-year-old farmhouse, where he grew up and lived for 18 years. Sadly, I had no choice other than to call the police because I was afraid for his safety and for mine. The police chased him until he finally surrendered and put him in handcuffs. At my pleading, they took him to the hospital, not to jail. A Montgomery County District Attorney advised me the only way for him to be ordered to get help for his mental illness was for me to press charges against him which would come with the risk of him going to jail. As the mother of a young black man that was not an option. Having only the police to turn to during his breakdown was terrifying enough.

He is our only child, our family is devastated and broken.

AOT has proven, in several States, to have significantly reduced many of the negative and devastating outcomes of Mental Illness including suicide, homelessness, arrests, incarceration, hospitalizations, drug use and victimization. We can't change the past, but if we enact AOT in Maryland, maybe our loved ones suffering from mental illness and families like mine, will not have to repeatedly endure the heartbreaking, emotionally devastating, dangerous, and costly experiences I described above.

Thank you
Gina Beck
Poolesville MD 20837
301-518-2841