

**Testimony for HB823 Mental Health Law - Assisted Outpatient Treatment Programs**

Health and Government Operations Committee

Edward Kelley, Howard County

**POSITION: SUPPORT**

**My son passed away last year—he was homeless and found in the woods.** My son suffered from a horrific illness called paranoid Schizophrenia. **For over 20 years, my son was in and out of hospitals across Maryland. In addition, he was arrested several times and appeared in court numerous times.** At times he boarded up our windows from the inside; slept fully dressed with a knife and baseball bat under the covers; searched for his US Marshall badge and communicated through telepathy. And there was nothing we could do to help him.

Often my wife and I asked each other why Maryland has not adopted an AOT program. There is a serious shortage of long-term beds for those requiring treatment in a secure setting. And - since there is no AOT program - the person suffering from a severe mental illness often finds themselves homeless, incarcerated, or worse. Our Judges are handcuffed, as they cannot order persons needing help to comply with treatment outside of the hospital, as it is against the law. My wife and I have sat in the courtroom and been told point blank by the Judge that the courts cannot require our son to accept treatment in the community. Accordingly, the person with a lack of insight into their condition is subject to incarceration if they get in trouble again. (Howard County did not have a criminal mental health court, which would still require voluntary agreement.)

We had a wonderful ACT team in our community- Way Station of Howard County. The staff are caring professionals who truly want to help our son. On more than one occasion, they expressed frustration in their attempts to help our son - as more times than not, he rejected their efforts, as he did not believe he was ill.

**Maryland could spend billions to have the best voluntary community-based treatment programs on the planet, but they matter not if a seriously mental ill person refuses to participate in the prescribed treatment.**

Community based treatment is far preferred over hospitalization, especially given our State's use of our long term facilities for forensic purposes. AOT can be used to prevent hospitalizations in the first place, which affects everyone in so many ways, including financially. Our son's last hospitalization in Maryland lasted 36 days, and his bill was \$47,000! In addition, each time our son got released from the hospital, he was dropped back into society without an appropriate step-down program that he **MUST** adhere to - so his deterioration starts within days of his release.

If providers of care try to pressure a person to adhere to needed treatment, it significantly damages their relationship with the patient, and the effectiveness of the team. With an AOT court ordered system, the provider can focus on helping the person avoid the inevitable return to hospitalization due to lack of compliance with needed treatment. *Which of these best protects the person, family, and community?*

**Homelessness, costly incarceration, hospitalization and/or personal tragedy**

**vs.**

**Court ordered - community based - treatment that can prevent deterioration - lessen the stigma - and provide a safe process for returning to the community if hospitalization is ever necessary.**