

HB823 Mental Health Law - Assisted Outpatient Treatment Programs

House Health and Government Operations Committee

Chair: Delegate Pena-Melnyk

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Position: **SUPPORT**

My thirty-year-old daughter, who grew up and lived in Maryland almost all her life, has been suffering from psychosis and delusions for almost 3 years. We finally moved her up to New York with the hope of getting her placed in Assisted Outpatient Treatment there. A symptom of her illness prevents her from having any insight as to how sick she is. As a result, she cycles in and out of hospitals for short stays, only to be put back out into shelters until the cycle repeats itself with no plan or treatment.

She has been hospitalized 25 times since 2017. Fifteen of those hospitalizations were involuntary. At times she has been very physically aggressive and has had several interactions with the criminal justice system, including incarceration in the Women's Psych Unit at Clarksburg Prison and a 9-month stay in Spring Grove. During a hearing where we looked to the state to help place her in a treatment program, social services told us "If you can't get her to take her medicine, why do you think we can?" In response the judge told us unfortunately neither he nor I had the legal ability in our state to help her get the treatment she so desperately needs. With the passage of HB823 and implementation of AOT in Maryland families will have an ability to help their loved ones get the treatment they need and allow them to remain close to their families.

My daughter, once a Bethesda Chevy Chase honor student, has been poorly served by the Maryland mental health system for many years. She first experienced depression and ADHD at age 5. The years she was diagnosed bipolar 1, a sexual abuse victim, schizoaffective disorder once she developed, psychosis and dissociative. Due to her constant state of psychosis and delusions, she refuses the medication that could suppress the psychosis. In addition, in most instances the hospital puts her out the door as a result of her refusal to take the medication the supervising doctor prescribes, nor will she agree to being admitted voluntarily. Over the years she has attacked me and a nurse, destroyed property and, in a severe delusional state, wandered the streets in the middle of winter without a phone, coat or ID for almost 12 hours until she was found.

Even with this long history of multiple mental illnesses, violence and non-compliance with treatment, providers in Maryland, continued to treat her briefly then discharge her, after which she declines again and repeats the cycle. For example, here is what happened to her in 2020-21:

- January-February 2020 – completed her 9 month stay in Spring Grove as a forensic patient, she was discharged the most stable she had been in over a year.
- March-June – She initially was very happy to be living and part of Cornerstone Montgomery. However, soon after she began living there an inexperienced nurse

practitioner on her first job, took her off her anti- psychotic without consulting with her former psychiatrists at Spring Grove or her supervising psychiatrist. Within a few weeks, my daughter realized something was wrong, but due to Covid-19 and bureaucracy, by the time she was able to see the psychiatrist , she had descended into full-blown psychosis and lost all the progress she made in the past year.

- June – involuntary hospitalization Northwest Hospital, Randallstown 7 days
- July – Crisis Center Cornerstone 20 days
- August – involuntary hospitalization Adventist Shady Grove 8 days then released to safe journey crisis house
- August – Sept. while there the team at Cornerstone advised us that my daughter could not return to the program unless she agreed to a long term antipsychotic shot due to her noncompliance of her medicine. Advised by her extremely misguided court appointed attorney to refuse, she was discharged from Safe Journey crisis house for 2 weeks
- September - November – court ordered temporary housing with aide prompted by an action against me by her attorney. Within a few weeks she refused to have the aide give or observe medication and she became further paranoid and delusional.
- December – She calls 911 4 times in 7 days complaining of various severe somatic physical illness and each emergency room visit she has various tests. As her temporary guardian, I communicate with the doctors and she received involuntary hospitalization at Shady Grove Adventist for 12 days.
- December – November of the following year, she lived in and out of shelters, had hospitalizations at Sheppard Pratt, John Hopkins, and Sinai Hospital which either resulted in a discharge within 48 hours due to refusing to be voluntary or kept for a week but then discharged still psychotic and without any treatment plan or housing. As she ran out of options in the Maryland system due to now having a reputation of aggressiveness and hallucinations, all because she was never the properly medicated, she ended up in the District of Columbia's shelter system. From the district shelter she was placed in a welfare hotel in a dangerous area, still suffering from severe psychosis. It was then we knew we had to find a jurisdiction that had both AOT and facilities to support it.

My daughter's treatment is inhumane and preventable. Please pass HB823 so that my daughter's illness can be stabilized.