

HB 823 Testimony

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Position: Support

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My name is Debra Bennett. I am a concerned mother and caregiver of a loved one with a severe mental illness, a NAMI member, and a volunteer Maryland Ambassador with Treatment Advocacy Center.

My 34-year-old son is diagnosed with schizoaffective disorder, substance use disorder, and a severe hearing impairment. He has unfortunately been unstable for almost two years now -- revolving through hospitalizations, homelessness, victimization, and incarceration. Since 2021, he has been hospitalized 16 times -- eight in 2021, seven in 2022, and once in 2023-- after being discharged from a Maryland forensic psychiatric hospital on January 30, 2023. The cost of his hospitalizations must now range close to a million dollars!

Maryland only offers **voluntary** outpatient mental health services but they do not work for everyone with a severe mental illness. My son is **struggling** and **suffering** to remain stabilized in the community only using voluntary services. Since June 2021, he has been in three Maryland counties, Anne Arundel, Baltimore, and Frederick, and Baltimore City trying to use voluntary services. He gets discharged from the programs or he leaves due to being non-compliant and not following the program's rules.

Last year, out of 12 months he was hospitalized for approximately nine and only in the community for three in a **voluntary** residential program in Baltimore City. Because his illness affects his insight about his need for consistent treatment and housing, he left the program and became homeless in June. Later that month and in July he was hospitalized -- again. In one encounter, he was harassing people and seen beating his head on the side-walk. He told the crisis responder, "I don't have control of my life anymore, I need medicine." In addition to medication, my son needs an assisted outpatient treatment (AOT) program to ensure he takes the medicine, stays in treatment, and housing. All of these are needed for him to remain stable in the community. **Voluntary** services alone are not working because my son just keeps cycling.

Last August, after being discharged from a Baltimore City hospital he agreed to **voluntary** go to a crisis stabilization resident in Anne Arundel County. After 10 days, he left -- still unstable and homeless. Only days later, he was seen in the ER for an injury to his forehead -- he was assaulted. He demanded a room, shower, and a TV and left untreated. Several days later he was arrested for trespassing and was involuntary committed to the Maryland psychiatric hospital in Carroll County. In November his charges were dropped and he was released from commitment -- now free to leave. If he had not reluctantly **voluntarily** agreed to stay until a housing program was found, he would have been homeless in a fourth Maryland county.

After five months of confinement and psychiatric treatment, on January 30 my son was discharged to a new **voluntary** residential program in Baltimore City. February 9, less than two weeks later, he was hospitalized again. February 22, he was discharged and went to a different **voluntary** residential program because the former program would not allow him to return.

My son is trying his very best to use the **voluntary** services available but they are not working for him. He needs an additional outpatient treatment option -- not handcuffs or being committed to a state psychiatric hospital. He needs to remain in the community stable and compliant. AOT will provide a vital outpatient option for our most vulnerable citizens -- like my son. AOT could save my son's life and many others. I urge you to support HB 823. Thank you.