

***Testimony to Support
HB 0823:***

Mental Health Law - Assisted Outpatient Treatment Programs

***Appropriations Committee
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Today, my son is in a crisis bed, so it is rather appropriate that I am speaking to you today on this topic. He entered the Emergency Department three times last summer – once after he called me screaming that he was going to jump off the roof of the hospital's parking garage. For the first time in his thirty years, he was admitted to a Residential Recovery Program (RRP) for his myriad of mental health needs. He has been diagnosed with bipolar, depression and anxiety, obsessive-compulsive disorder, suspected borderline personality disorder, and has had psychotic episodes. Since his RRP placement he has been emergency petitioned twice as a harm to self or others.

He is lucky. Many individuals like him are lost to the street –living in abandominiums, without any connection to family, or the larger world around them. He has a mother and brother who won't let that happen. This has cost us, however. His psychotic episodes can cause him to become violent and aggressive. On one night, when he was homeless and it was freezing outside, and he could not find a warm place to sleep, he threw himself through my bedroom window in my lower-level subsidized apartment at 3:00 a.m. Replacing the glass pane, educating the property owner about mental health related symptoms and behaviors, and presenting state and federal housing laws that supposedly protect me from discrimination based on my son's mental health manifestations, was not a good enough defense to prevent my eviction.

So, once again, in a very long line of tragic consequences for my family, as a result of my son's often untreated mental health behaviors, we will all figure out how to cope. The trauma that my family has experienced as a result of these types of behaviors over more than a decade has taken a vast toll. And it is I who must make time to become the expert in mental health and substance-use disorders, as well as best practices, in order to cope with my son's behaviors, so that he is not left abandoned and alone, since he does not have the where-with-all to seek and maintain therapeutic services himself.

He has never had a job, he has no friends, he has severe social anxiety, and no external connections outside of his family. The times when he has lived with me is when he has been at his best. I monitor his medication, I make healthy meals, I counsel him about his mental health and related behaviors, I get him to his appointments, and he begins to recover. And then it ends for a million different various reasons.

As a result of his second emergency petition at his RRP, I received a call that my son will be discharged for non-compliance with rules within 30 days. He will be discharged to homelessness once again –and I will once again make the choice to either harbor him, risking my own mental and emotional health and quality of life, or I will let him go back to the streets where he will disappear and I will be left to wonder if he is dead or alive –and if dead, whether the morgue will figure out who his next of kin is and call me.

These individuals and their families deserve better. Passage of this bill would go a long way in giving them what they need to thrive. Please SUPPORT Assisted Outpatient Treatment Programs!