



SB453

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POSITION: FAVORABLE

In One year

12 psychiatric hospitalizations

18 Emergency Department visits for psychiatric evaluation

4 Crisis Center visits for psychiatric evaluation.

Total Charges: **\$509,000.00**

What the numbers above do not tell you is the unimaginable suffering and trauma experienced by my loved one and his family, because Maryland does not have Assisted Outpatient Treatment, for those who are unable or lack the insight to adhere to voluntary treatment.

My loved one was **terrified** each time he saw a policeman in Columbia Maryland because he **knew the officer was really a praying mantis, which could devour him alive**. John was confused and afraid wandering in a large parking lot, without any ID, not knowing how he got there and unable to remember his name, where he lived, or anything about himself. He was tormented with thoughts and plans of suicide.

What I do not have to image is the suffering of his family. I can tell you the pain I felt in the pit of my stomach each time he called saying he wanted to kill himself and he had a suicide plan. Would I be able to get him to the hospital in time? I can tell you of the sleepless nights and anxiety I felt when he was missing, wondering if he was in the hospital or jail, alive or dead. I can tell you of the desperation and feeling helpless to break the cycle and get him into treatment before tragedy.

The opponents of AOT said that the solution is Assertive Community Treatment (ACT) Teams and peer support persons. I applied for the Howard County ACT team. They went to his apartment to interview him and he slammed the door in their face. He did not think he needed their services. I hired a certified peer support person to live with him 24/7 and help persuade him to see a psychiatrist and take prescribed medicine but John refused,

became delusional, became afraid of the peer support person and accused him of being a NAZI.

After my loved one became homeless and almost got arrested, I gave up on Maryland and sent him to Arizona. There he was quickly put in an AOT program. Since then, he has complied with injectable medication, routine psychiatrist visits, and case manager appointments, and this week will be starting a day program and vocational counseling. There is nothing coercive about the program. His treatment team encourages him and takes his concerns and goals into account. He views them as his best friends. He takes the medicine out of respect for the judge's order and his relationship with his treatment team.

My heart still breaks when he calls and begs to come back to Maryland where his friends and family are. However, in Maryland without an evidence based AOT program, if he were again to stop treatment due to lack of insight, he would risk suffering, being incarcerated, homeless, and having brain damage from untreated psychosis. To protect him and other Marylanders, we need an evidence based AOT program to provide treatment to those who are unable through no fault of their own to adhere to voluntary treatment.

I know of at least 2 other families that sent their loved ones to another state and got the benefits of AOT. Unfortunately, I work with many more who cannot afford to do this and their loved ones suffer the consequences of denial of treatment: homelessness, incarceration, hospitalization, victimization, suicide and premature death.

It is time for Maryland to join the 47 other states and the District of Columbia and enable AOT. Please give a favorable recommendation to SB480 and save lives.