

Favorable SB453  
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I am a longtime friend of a caregiver and the honorary grandmother of her 35-year old son, Ben, who was diagnosed with a severe mental illness (SMI) as a young adult. I knew him most of his life and was proud of him. In December 2023, he tragically passed away. He was found unconscious on the street in Baltimore City as a John Doe because he had no identification. Please read the devastating February 5, Baltimore Sun Op-Ed: <https://www.baltimoresun.com/2024/02/05/maryland-assisted-outpatient-treatment/> that addresses how my grandson struggled with staying connected to voluntary outpatient treatment.

Voluntary services alone do not work for everyone with a SMI. I know first-hand that over the years, Ben started at least 11 voluntary outpatient services. At times, some of the treatments were successful and he was in recovery – living on his own, working part-time, interacting with family, friends and engaged in his community. Other times, due to his lack of awareness about his SMI, treatments were not successful. He would stop taking his medication, became psychotic, determined to be a danger to himself, and hospitalized.

Since 2020, he was hospitalized 18 times in six Maryland counties and Baltimore City—where he last lived —. He died after a 30-day voluntary hospital admission. Only one of his 18 admissions were involuntary and 17 were voluntary. My grandson wanted help. He wanted to recover -- but he was unable to stay connected to treatment. This very often caused him to lose his housing, become homeless, and be disconnected from treatment. The cycle would start over but now it is sadly too late for his life to be saved. But the lives of others with a SMI can be saved because assisted outpatient treatment (AOT) programs save lives.

Ben's mother was his biggest advocate to help him get the treatment that he needed. And, she volunteers with several mental health organizations to serve other families and offer improvements to Maryland's public behavioral health system.

How much longer do Maryland families have to suffer watching their loved ones decompensate? How much longer do Maryland caregivers have to watch their loved one's cycle between the ER, hospitals, arrests, jails, and homelessness? How many more individuals with a SMI must die before it is enough? If Maryland had AOT, my grandson would have had a better chance of being successful with treatment compliance in the community. It is time for Maryland to join the 47 other states that have laws to authorize AOT programs.

Please give a favorable report to SB453.