

HB576

Mary Virginia Smith, Ph.D.

Position: SUPPORT

My son, now 47, suffers from ASD and PDD with co-occurring Bipolar Disorder NOS and Schizoaffective Disorder Bipolar Type.

He has been homeless.

He has been hospitalized seven times on emergency crisis intervention criteria - dangerously staying over 18 hours in ER rooms waiting for nearly non-existent mental health division beds, costing the already poorly funded mental health care system exorbitant amounts of public funds, and disrupting his life and that of his family over and over and over and over and over and over and over (that's seven, isn't it?).

As his Social Security Representative Payee and life-time family case manager, I can testify that his homelessness and all hospitalizations could have been averted were AOT assisted outpatient treatment programs available to us in Maryland (and Virginia) during these horrific decades.

For this reason, I am writing urgently and strongly to support HB576 for immediate authorization of assisted outpatient treatment (AOT) programs in Maryland.

AOT serves those with severe mental illness, such as schizophrenia, bipolar disorder and other serious mental illnesses, who as a result of the illness itself, are unwilling or unable to consistently engage in voluntary treatment.

Maryland ignominiously is one of only three U. S. states that does not authorize AOT. Studies show that AOT can dramatically improve treatment outcomes and substantially reduce the likelihood of repeat hospitalization and criminal justice involvement for its target population. AOT also reduces cost and strain to treatment systems struggling to serve individuals "caught in the revolving door" of repeat hospitalizations, homelessness and incarcerations.

My son and I are living testaments of the requirement to pass HB576 for immediate authorization of assisted outpatient treatment (AOT) programs in Maryland.

My son and I trust you as our elected official to support authorization of HB576.

Sincerely,

Mary Virginia Smith, Ph.D.

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