

Favorable HB576
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It's too late for my son, but assisted outpatient treatment could save the lives of others.

My name is Debra Bennett, I am a member of the Maryland Commission on Behavioral Health Care Treatment and Access, a volunteer Maryland Ambassador of Treatment Advocacy Center, a NAMI member, a nationally certified Family Peer Specialist, and a former caregiver.

In December 2023, my beloved 35-year old son, Ben, tragically died. He was diagnosed with a severe mental illness (SMI) at the age of 20, a recent substance use disorder, and a bilateral hearing disability. If Maryland had an assisted outpatient treatment (AOT) program it could have potentially altered the course of his life.

On December 4, four days before his death, he was found unconscious from an anoxic brain injury on a Baltimore street without identification and admitted as a John Doe to the same hospital where he had recently, and voluntarily, received psychiatric treatment for a month. Prior to discharge, he agreed to use three new voluntary outpatient services. Ben was always willing to start outpatient services but he was unable to remain engaged in treatment in the community. Over the years, he had started at least 11 different types. But his illness prevented him from recognizing his need for continuous treatment. This led him to go in and out of treatment programs, experience repeated psychiatric deterioration, and eventually to cycle in and out of hospitals.

From 2020 through 2023, he had 18 hospitalizations in six Maryland counties and Baltimore City. Only one was involuntary. August 2022, after leaving a crisis resident he was charged with trespassing at a local mall. Homeless – he was arrested, detained, and involuntary committed to a state psychiatric forensic hospital from October through November 2022. A month after committed, his charge was dismissed at his hearing for time served. Technically Ben was free to leave the hospital but he voluntarily remained for two months from November 2022 to January 2023. He was awaiting placement in a housing program. A week after discharge from the state hospital to the housing program, the cycle started over. He was admitted to a local hospital for two weeks and discharged from the housing program. The community treatment provider had to obtain housing in a different program.

In our last conversations together, Ben thanked me for supporting him and told me he was going to be successful this time. A little over a week later, he was deceased and his body was transferred to the State Anatomy Board as an unclaimed decedent. Six days after he was deceased, Ben's father, who lives out of state, received the devastating call from the Baltimore City Police Department (BCPD). Can you imagine my shock when I received the tragic call from Ben's father, and I live in Maryland? It was only by God's grace that Ben's fingerprint results were returned to the BCPD before he had to be cremated by the state. We would not have ever known what happened to him! The ultimate tragedy! No parent wants to experience the devastating loss of a beloved child or the awful ordeal of having to plan their child's funeral.

After the dreaded and unbelievable call, I felt a range of emotions. First, I was angry because just several months earlier, I had sought more intensive treatment options, and they had failed to engage Ben in sustained treatment. Then, I was grateful to some extent because he was no longer suffering and struggling to use Maryland's voluntary services. And then, I felt further empowered to continue advocating for AOT because I realized it was a vital program for those who are being failed by our current treatment programs. I have given personal testimony for AOT legislation in 2021, 2022, 2023 and 2024 to commissions, the gubernatorial administration, the Senate Finance Committee, and the House Health and Government Operations Committee. I hope this year, Maryland finally passes an AOT bill.

While Ben agreed to use voluntary services, had a supportive family, and an advocating mother – this was not enough to keep him engaged in treatment. He needed an AOT program. It is proven that an AOT program reduces hospitalizations, homelessness, arrests and incarceration, trauma, and suicide. AOT saves lives.

While it is sadly too late for Ben to benefit, passing such a bill will soothe my soul. It will be a testament that Ben's life was not in vain. I urge you to give a favorable report for HB576.