

Favorable HB576

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Feb. 14, 1:00 p.m., Health and Government Operations Committee

My adult son was diagnosed with schizophrenia in 2008. He has been hospitalized at least 18 times since then. One of the worst periods was the two years preceding his psychosis-induced assault upon my then 71-year-old spouse. Assisted Outpatient Treatment (AOT) would have been enormously helpful in preventing his decline. My son had never been violent prior to this.

My son has never reacted well to change. When the nurse providing my son's monthly medication injection left his outpatient clinic, my son refused the prescribed injection from the new nurse. The only medication he would agree to taking was one that had previously stopped working for him. That was when my son needed 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.

Instead, my son deteriorated so much that he assaulted my then 71-year-old husband, who ended up on the floor, bloodied from head wounds, and traumatized. My son now has a criminal conviction. Only after committing a crime could my son get court-ordered outpatient service. Statistics from other states show that the program works due to the "black robe effect" from going before a special judge provided by the AOT program. My son received three years of probation and now has a criminal record.

My son has succeeded in remaining effectively medicated since the assault. So, the "black robe effect" did work in his case. However, an Assisted Outpatient Treatment program would have achieved that same outcome much more compassionately.

Not only does AOT work compassionately for those with brain disorders, but it also saves money. It reduces costs for police, incarceration, judicial systems, and hospitals.