WRITTEN TESTIMONY for HB576

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Why is Maryland among just a tiny handful of States that has not yet adopted legislation to enable Assisted Outpatient Treatment (AOT)/Civil Commitment?

Several times a month, as a National Alliance on Mental Illness-Montgomery County (NAMI MC) peer caregiver support group co-facilitator, I am confronted with the horrendous impacts that this gap in our options for the severely mentally ill inflicts on them and on their circle of family, friends and co-workers.

Most typically, our caregiver support group participants are seeking crisis help arising from the non-compliance of their mentally-ill loved one with their psychotropic medicine regimen.

For the patient, job loss and then homelessness, and alienation from those close to them often result. In their vulnerable state, the mentally-ill person is a target ripe for victimization. Interaction with the criminal justice system can occur, or involuntary short term psychiatric hospitalization, with re-introduction of medication. But as this cycle repeats, the family becomes traumatized and exhausted from the dual emotional and financial burdens of trying to help their loved one who is in the grip of their mental illness.

What breaks my heart each time is hearing caregivers say, "But he/she was doing so well until they went off their meds".

A factor in severe mental illness is *anasognosia*, where the sufferer has little insight into their own condition, and consequently they persistently or periodically believe they don't need treatment. The family can feel helpless in dealing with this. But there is *ample evidence* from the experience of other US States that the authority behind court-ordered treatment can be effective in bringing mentally ill individuals into compliance, as the condition for their remaining in the community, with *significant concomitant reductions in public expenditures on hospitalizations, arrests and incarcerations, and homelessness*.

AOT offers a chance for more stability to our severely mentally ill individuals who do not on their own remain compliant with treatment, as well as relieving pressure on their families. And at a time of resource limitations, *giving AOT a chance here too should be a "no-brainer" for Maryland*. I ask the Committee for a favorable report on HB576.

Sincerely

Myra F Jacobs