

**Testimony for- HB576 - Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs**

**Health and Government Operations Committee**

**Date: February 14, 2024, 1:00pm**

**From: Kathleen Smith, Waldorf, MD, Charles County**

**Position: SUPPORT**

My name is Kathleen Smith; I am a resident of Charles County Md. I am a Member of Southern Maryland NAMI and the mother of an adult son who has severe mental illness as well as developmental disabilities. If AOT had been in place, I believe that my son's incarceration in a Maryland prison for 20 years, with sixty years suspended, would have not been his outcome. My son was sentenced to 80 years with 60 years suspended; so, he was to serve 20. He served 10, but we had to obtain guardianship during his incarceration. Then he was conditionally released. He now lives with us and is on multiple injectable and oral medications.

As Paul grew older, his mental illness worsened, and his behaviors deteriorated at an alarming rate. His inability to control his actions and his rising level of oddness, suicidal tendencies, and destructive behaviors towards himself, his family, and society became hard to manage.

Since 2001, I have contacted many state agencies, legislators and limited private agencies about my son, pleading for help, guidance and explaining the difficulties with obtaining care for him. My son was placed in a residential treatment facility and was discharged per our insurance company's instructions, disregarding the facility's recommendation for his staying longer to be stabilized. He was discharged, and our insurance coverage for him was exhausted for the fiscal year. Within months from his discharge, my son deteriorated, and immediate services were not available as he needed residential treatment again. At this time, my son was a school age teenager. The Calvert County LCC held a meeting and recommended that if we had him arrested as a teen that then the Dept. of Juvenile Justice would be able to create a paper trail to prove that he needed treatment and could get him treatment. This was the worst and most devastating chain of events to my son's mental health. This action worsened his paranoia,

broke the parent-child trust bond, and introduced him to worse criminal behaviors within the walls of a juvenile detention center while waiting over six months or more for an available bed. The Dept. of Juvenile Justice felt this was appropriate, but I didn't feel it was an appropriate placement due to his coexisting developmental disabilities.

Once he was released from Dept. of Juvenile Justice at the age of 18, my son knew that he had the right to refuse medication and treatment because no judge was mandating that he adhere to either.

If AOT had been in place for Paul as a teen into adulthood, it would have spared him a felony conviction. Not having AOT has further damaged his future and impacted ours as older parents. He can barely find a job, and nobody will rent him housing or accept him into an RRP housing program. So, as elderly parents, we are now burdened with the ramifications of MD not having AOT.