Dear Honorable Members of the Maryland General Assembly,

I am writing in strong support of SB707 and HB1014, legislation that aims to enable treatment before tragedy for individuals living with Severe Mental Illness (SMI) who lack awareness of their condition and their need for care.

My name is Laura Shears-Coates. I am a Certified Rehabilitation Practitioner (CRFP) through the Psychiatric Rehabilitation Association (PRA), hold a Master's degree in Social Work, and have worked in the behavioral health field for over 20 years. I am also the owner of Takes a Village For Change, LLC, a Maryland-based outpatient mental health clinic that works daily with individuals suffering from SMI. Throughout my career, I have served some of our state's most vulnerable residents (individuals whose illnesses impair their insight, judgment, and ability to make life-sustaining decisions).

In my professional experience, one of the most heartbreaking realities we face is the limitation of our current system: we often must wait until someone presents an imminent danger to themselves or others before meaningful intervention can occur. By that point, significant damage (medical, psychological, social) and sometimes irreversible has already been done. Repeated hospital admissions become reactive measures rather than preventative care. This is not a system designed for early intervention; it is a system that too often responds only after crisis has escalated beyond control.

I also write to you from a deeply personal place.

In July 2023, my younger brother, Joshua D. Carey, passed away at the age of 31 due to the effects of a severe mental health illness that prevented him from recognizing his need for treatment and medication compliance. His illness robbed him of insight. Although our family could see his symptoms worsening, he did not meet the threshold of imminent danger required for intervention. We were forced to stand by and watch as his mental and medical conditions declined. Hospitalizations occurred only after life-threatening emergencies arose. Each time, he was stabilized and released, without the sustained support he so desperately needed.Ultimately, his body gave out. He passed away because he was unable, due to his illness, to consistently take medications that would have sustained his life.

Today, I speak to you not only as a clinician and business owner, but as a grieving sister and now an only child who lives each day with the pain of knowing that earlier intervention could have made the difference between life and death.

SB707 and HB1014 represent an opportunity to modernize our approach to severe mental illness by allowing intervention before tragedy strikes. These bills would:

• Enable earlier, structured treatment for individuals whose illness impairs insight and decision-making
• Reduce repeated crisis-driven hospitalizations
• Support families who are currently powerless to intervene
• Protect first responders who are too often placed in dangerous, last-minute crisis situations
• Most importantly, save lives

This decision carries a profound weight. It has the power to preserve life, or, if we fail to act, to allow preventable deaths to continue.

I humbly ask you to consider my brother, Joshua D. Carey, and the many Marylanders like him who cannot recognize their own need for care because of the very illness that threatens their survival. Please give families and providers the tools to intervene before imminent danger becomes the standard for action.

No family should have to endure the pain we continue to carry.

Thank you for your time, leadership, and commitment to the health and safety of our communities.

Respectfully,

Laura Shears-Coates, MSW, CRFP

Owner, Takes a Village For Change, LLC

Grieving sister of Joshua D. Carey