

## **Names in Order for Public Comment at 4:00 p.m.**

### **Diane Rabinowitz**

Please accept my comments for discussion in advance of the meeting of the Interdepartmental Serious Mental Illness Coordinating Committee. I am the mother of a 30 year old male who began suffering from schizophrenia when he was a month shy of 18. Upon my son's discharge from his first hospitalization, the discharging doctor at the hospital told me to be advised, that after he turned 18, HIPAA laws would prevent doctors from talking to me if my son was ever hospitalized again. That was my introduction of what would be a 12-year effort to get effective treatment for my son's condition. The way I see it, there were many mistakes made along the way that contributed to the loss of 12 years of his life.

1. He was discharged from the hospital with no discharge plan, no instructions, no guidance for me, his only family.
2. Every time my son became psychotic and dangerous, I had no way to turn except to call 911, and the police, rather than emergency personnel came and handcuffed my son and took him to the police station.
3. My son received no instructions on how to deal with his illness (neither did I). He remained psychotic and was often a danger to himself or others, but when the police were summoned, he was hospitalized 10 different times over a period of 3 years for maximum 2 days and often released the same day, still with no instructions for how to take care of himself.
4. Since he didn't believe he was ill (and this was confirmed by the hospital discharging him with no instructions) I was unable to have any effect on his medication cooperation.
5. Insurance didn't cover his treatment, so I was forced to get him off my insurance and into the care of the county, at which point he at least had access to treatment.
6. Since he didn't believe he was ill, and he was still psychotic, he turned to street drugs in attempt to fix his brain. He of course was symptomatic and did not communicate with me or anyone about how he was feeling or what he was trying to accomplish.
7. When his drug use posed a danger to me, I tried "tough love," telling him if he didn't stop he couldn't live in my home.
8. This led to a cycling of homelessness, arrests, jail stays, and failed treatments that once again left him homeless and continuing the cycle which continued for 8 years.

If you wonder why there are so many homeless vagrants living on the streets, this is why. Hospitalization is insufficient; police response to 911 calls is improper and leads to criminalization, not treatment; effective treatment in the community is lacking, and supportive housing for people with serious mental illness is insufficient.

AOT never did work out for my son. More stringent methods were required because judge's orders were never followed up on. I had to apply for my son to be conserved, and I was able to get doctors who had treated him in jail to corroborate the need for treatment. Even once he was conserved, he was placed in two separate substandard IMDs (Institutions for Mental Disease)

from which he escaped. It took three years to finally get the judge to place my son in my choice of treatment facility, where my son has been for almost a year and is finally coming back to himself. What are the ingredients for this success?

1. Mandated treatment in a locked facility
2. Excellent supervision by a psychiatrist, who is overseeing his treatment with an effective medication, clozaril.
3. An integrated treatment program that deals with multiple levels of need: socio-emotional, medical, financial, occupational, and educational. The intention is to prepare him to be released into a system of gradually lower levels of care in the hope that one day he might be able to live independently.

Please see the attached SAMHSA KIT which describes evidence based effective treatment for co-occurring disorders (serious mental illness and substance abuse. This needs to be implemented in communities throughout the country in an all-out effort to address the needs of our many homeless and mentally ill individuals, some of whom have family advocates, others who have given up trying to access care in a system that seems to no longer care.

### **Melinda Nieto-Gutierrez**

My name is Melinda Nieto and I've spent a great deal of my time trying to find proper care for my sister. We her family we're stuck between a rock and a hard place. She sees things that others can't, she decides to stop taking her meds and her hallucination sets into place, she says strange horrible things that it feels excruciating to sit there and listen and try to make sense of what she says. Why are services available for the worried well but not for us the family members of mentally sick individuals? How dare the mental health community suggest that All people should have the ability to make a decision to seek care? Have you heard of an unrepairable mental breakdown? In order to enact Civil Rights, you have to understand that some people lack the capacity to make informed decisions.

The Mental Health Industry works to limit the use of Assisted Outpatient Treatment (AOT) and civil commitment by claiming that no one should be treated over objection until after the individual becomes a danger to self or others. That's ludicrous. Laws should prevent violence, not require it. AOT cuts homelessness, arrest, incarceration, and hospitalization rates in the 70 percent range among people with the most serious mental illnesses. It also cuts costs in half, while keeping the public and patients safer.

By opposing AOT, anti-treatment advocates are forcing patients into jails, prisons, and shelters, where they are subjected to force that is real. And the judges do not allow family members to provide information about patient's condition. It's time that a wrong is made right and I strongly urge you to put the AOT Act into place to prevent further deterioration of our loved one.

### **Mary Ann Renz**

My son had his first break in 1984 two weeks after his high school graduation. He had all the classic symptoms of paranoid schizophrenia which I or my husband did not have a clue. Every time he became psychotic, he would believe certain people were going to kill him. Many times, friends and you could not convince him it was not true. He would even hallucinate a person

telling him it was true. For his safety, our family and community's safety it was the beginning of his many involuntary commitments over the next 13 years. In Spring 1996 he was going to be released from state hospital. I was the NAMI State Director, so I asked for an Out-Patient Commitment (the same as Assisted Out-patient Treatment) AOT as major legislation was coming forth to The Mississippi Mental Health Reform Act of 1997. I also requested he would be sent to the only Clubhouse Model in the state. The Clubhouse is a program of the Fountain House in NY, NY known for less restricted living success.

On arrival at the Clubhouse, he was on medication Haldol, hearing voices constantly and constantly pacing. His psychiatrist at Clubhouse called and said he would never be better unless he tried one of the new A-typical medications. It was my opportunity to tell her about the brief time he was on Clozapine and the good signs my husband saw in him at state hospital until his psychiatrist added another medication and all the good went away. She the psychiatrist at the Clubhouse gave him another opportunity on Clozapine and he went from a halfway house to a group home to an apartment with a roommate to his own apartment in about a two-year span. Never returning to the state hospital for the next 11 years. Once in the apartment he was responsible for taking his own medication and went for the blood test every other week. He was able to seek employment, drive, play golf and enjoy life. He did land one job but when the employer learned of his illness found reason to let him go. This word travels fast in a small town so he never could get employment. I paid entry fees and he played in charity golf tournaments. He had a 2 handicap before becoming ill. I am forever thankful for the state hospital for he probably would never have made it those 13 years to 1997 and Clozapine. In 2008 my son could no longer take Clozapine due to the fatal condition that sometimes happens. In between medications he somehow got the deadly super bug MRSA that took his life on 11/11/2008 at age 43.

### **Deborah Krug**

My son is currently awaiting trial on nonviolent criminal charges that occurred during a schizoaffective psychotic episode when he drove off in an fire department emergency vehicle after having tried to find help at a local fire department that was open, but no staff was present. He searched inside the building for help, then, having been trained as a fire fighter and EMT himself, went out to an emergency vehicle to radio for help. When no one responded, he had a full break from reality and decided to drive himself in the emergency vehicle to find help. Fortunately, he regained awareness of the situation and abandoned the vehicle. He was subsequently found by police, unresponsive and brought to the local hospital emergency room for assessment. Even though he revealed to police and ED medical staff that he has schizoaffective disorder and had been off medication, he ended up in jail and is facing multiple felony charges related to taking the emergency vehicle. Some would question why he is being prosecuted at all when it is obvious from his actions that he needed psychiatric care. He is out on bond now and has voluntarily enrolled in ACT. He has volunteered for long acting injection of his AP medication. But the criminal case is still pending. What will happen when he faces trial is unknown. AOT does not exist in the county where he was charged.

## **Gloria Hill**

Psychiatric treatment is hard to find if you have private insurance because many providers do not accept insurance and want private pay which most cannot afford. Also, some private practices do not want the more seriously ill patients in their private office because they're more difficult to deal with. The public mental health systems are very underfunded and understaffed. Most are in less desirable neighborhoods. The pandemic forced zoom appointments which many seriously mentally ill people find disturbing because they are already suspicious about the people on TV reading their minds. In the CA public mental health dept. I used to work in, I was told most staff were working from home and getting a reply from a message became very difficult. Some patients had to go into the clinics for injections and some had to go to labs for blood draws which became hard to manage. Also getting prescriptions filled has become a problem because some meds are in short supply because some of the foreign labs that make generics were closed due to outbreaks of COVID. Also, some generics are less bio equivalent to the brand causing people to have more serious symptoms. Medicare and Medicaid don't usually pay for brand meds which also needs attention.

The biggest problem in psychiatry is there is NO standard of care for various disorders which other medical specialties have. There is no diagnostic imaging study that has been found to properly diagnose a patient and no lab test that identifies the abnormality that symptoms show. It is a guessing game and some psychiatrists are much better at finding the right mix of meds in the effective doses to help prevent symptoms. The recovery approach has failed the most severely mentally ill patients. Schizophrenia is especially hard to treat because it affects your thoughts so it's hard to understand what's real and what's delusions. I am daily reminded of this because I am a Florida Certified Guardian Advocate who goes into inpatient units to represent involuntarily admitted psych patients who need someone to work in their best interests and sign off meds the psychiatrist orders. That has been an eye opener for me that psychiatrists tend to prescribe the same medications for almost every patient and don't seem to keep up with newer meds or prescribe the gold standard which they seem to find too difficult to manage. I also have experience working in the medical profession as a nurse and radiology supervisor plus I have a son who had his first psychotic break at 17 and has taken medication for 30 years who's a ceramic artist and kayak fisherman. Still he cannot manage his care on his own and most residential programs aren't well run by knowledgeable people because the psych training programs don't seem to focus on the most severe. I am not interested in promoting AOT because it's usually voluntary and more seriously ill people usually cannot comply so if someone needs long care supervision, I have seen conservatorship or guardianship be more effective. Not everyone is able to make safe choices living in a community with little or no supervision. I believe the most effective way to improve psychiatric care is to improve psychiatric training focusing on the more severely mentally ill plus therapists, nurses and social workers need better psych training programs. There must be more brain research focused on fixing areas of the brain that are causing the symptoms because the SMI have brain malfunctions in PET scans mostly caused by genetic malfunctions. Finding any therapist who has been trained to help patients with delusions is impossible in most areas of this country. Lots of challenges and science not voodoo ideas should prevail.

## **Ann Corcoran, RN, MSN**

As a mastered prepared nurse and the mother of a wonderful adult son who lives with bipolar disorder, I would like to address the importance of Assistant Outpatient Treatment as an option for those that live with serious brain disorders. I live in Massachusetts, 1 of 3 states that DOES NOT have an AOT law. Early treatment can make the difference between life and death; just last week a young mother's life was taken when police were called to her home by a family member as her sister was in crisis. Waiting until a person becomes a danger to themselves or others before treating someone with SMI is inhumane, especially when they lack insight into their illness. As many who live with bipolar and schizophrenia, my son does not think he is sick. With 7 hospitalizations, history has shown that leaving his mania untreated leads to psychosis, delusions and paranoia resulting in involuntary hospitalization. Last November my son's mania was left untreated for 3 months. He was calling 3 different police stations, everyone recognized he was in crisis, yet there were no treatment options available. Our current laws gave my son the right to remain in the community denying him needed treatment. He was found roaming the hallway in his building with a pocketknife in hand when the police were called. Paranoid, he barricaded himself in his apartment yelling to the police to shoot him. This situation never should have escalated to the point that it did and could have ended very tragically. Last month he once again became manic; I knew I could not let his condition deteriorate given past history and the need for earlier intervention. Unfortunately, my only option was to have my son arrested in hopes that a judge would recognize the need for treatment. He was court ordered for a 20-day competency evaluation in a state hospital with 14 days later added. Getting my son arrested to ensure treatment was a very traumatic experience for all, this was not an acceptable solution in my eyes, nor should it be for anyone. AOT would have been a much more compassionate alternative allowing him to remain in the community. The early treatment he received proved to be beneficial in stabilizing him, taking less than a month when previously it would take 6 months for him to return to baseline. Research has shown that the more episodes someone with a serious brain disorder experiences and the longer the illness goes untreated, the poorer the prognosis. I think we can all agree that seeking voluntary treatment is always preferable but there are some who simply are unable to do this because of the severity of their illness and the inability to make sound decisions. Denying someone treatment because they are too sick to ask for it is a human rights issue; everyone deserves proper medical care. It's unrealistic to expect someone to voluntarily seek treatment when they don't believe they're ill. SAMHSA has recognized "the need to focus on these preventable and treatable conditions, which left unaddressed, lead to significant individual, societal and economic consequences" AOT supports improved outcomes thus the availability of these programs should be widely available to all who would benefit. Having a serious mental illness is not a crime, we should no longer be criminalizing those who live with these debilitating illnesses. It is unconscionable to me that we can deny someone who is too ill to make sound decisions the proper medical care that every human deserves. Without AOT we are reducing psychiatric care for those that need it most like my son. With 8.3 million people affected with bipolar and schizophrenia chances are you may someday need it to help a loved one, AOT is the compassionate care that will make a difference. It not only saves lives, but significantly improves the lives of those that live with serious brain disorders and the families that care for them. I truly appreciate being able to tell my story and ask that you give strong consideration in making AOT a priority.

## **Linda Mimms**

If our county had an Assisted Outpatient Treatment Program that was implemented correctly under Laura's Law, my child would not have ended up in jail for a year with no treatment or medication. He was experiencing psychosis, out of touch with reality, and suffering from anosognosia, a brain-based symptom that renders a person unable to recognize they are sick and destroys their decision-making capacity. 50% of all people with very serious neurological medical brain diseases experience this symptom. It is the #1 reason they will never voluntarily seek care, no matter all the cajoling, begging, and pleading with them to get treatment with medication--what they need to live. We are talking life and death cases. Psychosis is not a right to be protected, but a condition to be treated. These are medical conditions, NOT behavioral. The behaviors are symptoms of the underlying brain diseases. AOT programs are one of our few options to get our very sick children the medical treatment they need. MDs administer compassionate involuntary treatment every day. When a person suffering a stroke can't speak to give permission for the doctor to treat them, the doctor renders lifesaving treatment anyway. Psychosis is a brain attack and acts like a slow-moving stroke. It must be treated immediately for best outcomes. It took 8 years to get our child the lifesaving care he needed, putting him, and our family through absolute hell that I wouldn't wish on anyone.

How can this be happening in the United States that has the best cutting-edge healthcare in the world? Everyone has a human right to access healthcare. We are actively hurting and denying people with treatable medical brain diseases access to the lifesaving care they need to live a healthy life. This is the only organ-based disease that is discriminated against in this manner. Let's all get on board with the latest scientific data and change the treatment paradigm and medical protocols in our country. Let's put a stop to homelessness, a burgeoning jail and prison population and deaths. Let's stop the ability of the current separate and unequal misnamed behavioral healthcare system to keep kicking the can down the road with no accountability to our loved ones. Let's stop this inhumanity.

AOT programs that are correctly implemented are an essential part of getting our loved ones on the right path to health.

## **Sonia Fletcher**

Hello, my name is Sonia Fletcher and both my sister, and my daughter suffer from schizophrenia. As you know, schizophrenia is a devastating illness for victims and for their families. Unlike other brain diseases like Alzheimer's or stroke, schizophrenia is a brain disease that is essentially ignored by society. There are not enough inpatient beds to treat everyone who needs help and community-based services are limited in their ability to treat serious disease.

I am a member of the National Shattering Silence Coalition. Our family tragedy is one of the stories written by moms and published in the award-winning book by Dede Ranahan, Tomorrow Was Yesterday: Explosive First-Person Indictments of the US Mental Health System - Mothers Across the Nation Tell It Like It Is. Read some of our stories and you will understand why we feel so strongly about getting our sons and daughters the care they need.

I know that treatment works. My sister is able to live on her own because she is on the right medication and she gets therapy. My daughter is on conditional release from Napa State Hospital after she committed a horrific crime due to her illness. She is well on her way to a normal productive life because of treatment.

I know that treatment works, we just need it to be available. We need robust community services and mental health courts that can order treatment instead of jails and prison. We want the IMD exclusion removed so money is available for treatment. We want the HIPAA laws revised to allow families to be involved in our loved one's care.

Countless tragedies could be prevented if treatment was an alternative to jail and homelessness, and if mental health professionals rather than law enforcement were in charge. AOT (assisted outpatient treatment) can prevent crime, save money, and end much of the suffering that untreated illness causes. I wouldn't want any family to have to live with the consequences of untreated illness. Please help to implement AOT.

### **Joe H. Pickering Jr.**

I hope to attend this meeting but may not because my wife and I will be celebrating our 56 th Wedding Anniversary out in a rural section of Maine. I do wish to leave my comments below and some background information.

I have been the CEO of two community mental health organizations in Washington State for 5 years and in Maine for 30 years. I also helped develop a comprehensive community mental health program in Massachusetts. I was the Acting Area Director of Greater Lynn for the Massachusetts for 3 years. However, nothing prepared my wife or I for the horror of having the evil flower of schizophrenia blossom in my son's life in the first year of college. He and our family lived with his schizophrenia for 26 years. Chris was in the AOT in my agency and was doing reasonable well. Then, as he got better had an apartment of his own (but was never able to be employed) he begin slipping into madness. Even as the CEO of one of the largest community health organization in the state, we could not get him back under the protection of the AOT. In November 2020, he died when his apartment went up in flames. He was asleep in his bed.

What do I want your committee to do?

1. Require a Federal Mandate for the AOT. program nationwide.
2. Mandate rules that the states have to insure that there are no "roadblocks" in getting those suffering from Anosognosia treatment in the AOT program and other programs.

(finally bring treatment to the 50% or more with serious brain disorders who also suffer from anosognosia! Anosognosia is a neurological condition that robs a person of the ability to know he or she is sick and needs help.)

3. Stop labeling Schizophrenia as "mental illness" as well as the other brain disorders.

4. Start recognizing that the labels, "physical illness", "mental illness" are outdated and discriminatory terms. If you stand before a mirror you will see you are one BODY from head to toe. You don't have a mind AND a body. You have ONE body. It has biological, psychological, and social dimensions which are integrated and interactive. A new study has found that heart rate changes can help detect depression! So why is our society and our state and federal governments retaining and unwittingly promoting the stigma of two separate parts of ONE body? Please stop it. It is partly the reason our jails and cemeteries are filled with people with Brain Disorders and addictions.

Background information below if you wish to read below Thank you.

Joe H. Pickering Jr.

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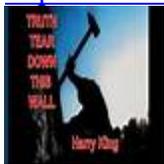
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**Jeanne A. Gore, Coordinator & Co-Chair, Steering Committee - NSSC**

I'm the Coordinator for the National Shattering Silence Coalition (NSSC), and the parent of a 40 year old man with schizoaffective disorder and anosognosia. Anosognosia, a neurological condition, prevents people from knowing they're sick. They don't seek help, and will refuse treatment when offered because they don't believe they're ill. It's the single largest reason people refuse medications or do not seek treatment. Assisted Outpatient Treatment (AOT) is the

antidote for anosognosia. Treatment may not always bring back awareness, but it will treat their illness, allowing them to live decent lives in the community.

Before finally getting AOT for my son in 2013, he was hospitalized 43 times, jailed twice, beaten up by 7 police officers, missing, homeless, and on and on. He now lives independently with his dog, Fiona. This would not have been possible without AOT.

It's important to mention, family members suffer right along with their loved ones. AOT the patient with anosognosia's best tool for recovery, and their loving family members best tool to keep their loved one well. Without it, family members are shut out by HIPAA laws and left with hopelessness and despair as they watch their loved ones' illness destroy their lives.

Without AOT, our loved ones are 16 times more likely to be shot by police. They're three times more likely to be in a jail or prison than a hospital. Up to half of them attempt suicide. When left untreated, their disease progresses, killing more gray matter, destroying any chance at regaining the insight they have lost and the ability to recover their health.

Recently, NSSC released a [position statement supporting the need to promote AOT](#). We all know that early diagnosis and consistent treatment is the best path towards hope for recovery, preventing crises that too often end with preventable tragedies. AOT reduces homelessness, arrest, incarceration and hospitalization by roughly 70%. It's infinitely more humane than the alternatives (incarceration, hospitalization, suicide, or death). Contrary to the myth perpetuated by AOT saves taxpayers 50 percent of the cost of care by reducing the use of both hospitalization and incarceration.

Please read our position statement to learn what AOT is and why it's neither a form of involuntary commitment, nor a violation of people's civil rights. Please ask congress to federally mandate and fund AOT to ensure that it's being implemented all across this country. This is the quickest way to help us bring treatment and recovery for our loved ones and end the horrific suffering, both by those with these illnesses and their family members who suffer right along with them, that's been occurring for decades.

### **Ashley Raggets**

I have seen both sides, not having it when he was first diagnosed and the living hell he went through. Then having a pilot program and then the pilot program ended and no more aot. My son had a place to live, was not in and out of the hospital or jail and he was thriving during the pilot program. As soon as the pilot program ended no more aot and he has been in and out of jail, hospitals homeless, group homes and deteriorating daily. Aot was saving his life. My son doesn't think that there is anything wrong with him. Even though he sees things, here's things and thinks things are out to get him and even sometimes thinks he's God. Aot can save a lot of lives. His life matter's. He is my pride and joy.

## Debbie Teike

My son, age 35, has a diagnosis of schizoaffective disorder of the bi-polar type. Despite twelve hospitalizations since 2014, and numerous emergency room visits and crisis calls, he still lacks awareness of his condition. His lack of insight, along with the mental health system's predominant value of client self-determination has resulted in ineffective treatment, wasted resources, and much pain and suffering.

My son's condition is equivalent to stage four cancer. He experiences significant functional disability, cognitive deficits, and negative symptoms which impair his ability to connect well to others. This inability to find satisfying relationships is often the trigger for relapse. Although he receives community-based wrap around services and does well for short periods of time, he regularly goes off of his medication, self-medicates with marijuana, and returns to crisis again.

In January of this year, despite being very psychotic, he was denied admission to the local stress center because they said he was non-compliant with treatment and chose to use marijuana. With insistence by family, he was admitted. The psychiatrist petitioned for a civil commitment to comply with treatment on an outpatient basis. Five months later, my son is doing much better. His positive symptoms are manageable, and through DBT and other wrap-around services, he is much more stable.

To our disappointment last week, the psychiatrist released our son from his commitment order. He now plans to sell his house and move to a large city, seemingly unconcerned about the risks and consequences. Even though our son is, when well, morally congruent, thoughtful, and respectful, he is ignoring family and medical advice in order to move to another state and pursue his dreams. We anticipate that the gains from these first 5 months will be lost because he has not had enough time to experience the benefits of being on medications and following a recovery plan. Five months is not enough. While a short stay of civil commitment has been a gain, my son lacks the benefit of a full and effective AOT.

The current treatment of those with SMI and anosognosia is a social justice issue. Providers and policy makers who seek to protect the civil rights of those with SMI can, without proper consideration, deny the very treatment options needed for real life, liberty, and the pursuit of happiness, the most basic civil rights. Those with anosognosia are unable to self-initiate and stay engaged in treatment at no fault of their own. They don't appear to make the connections and desperately need structure, accountability, compassion, and effective treatment. ***They can get better.*** We see great potential from our son's short time of commitment, but it is not enough to keep him on the path to recovery. He will likely end up in jail, homeless, crisis, and peril, costing the taxpayers and family undue burden and grief.

We talk in this country about criminal justice diversion and not using jails as mental health treatment facilities. Adding AOT and civil commitment options would significantly advance our talk to match our walk.

Thank you for your attention to my concerns. I pray that you are all able to address this important issue by advancing AOT and civil commitment options for those with SMI and anosognosia.

### **Janet Hayes**

Dear Committee members,

My name is Janet Hays and I am founder and director of Healing Minds NOLA, a nonprofit charitable and educational 501©(3) that's mission is to work to implement a full continuum of coordinated psychiatric treatment and care, spanning from cradle to grave, that works regardless of where one enters the stream.

Unfortunately, people living with untreated and under-treated serious mental illnesses who need long-term inpatient care are not getting it. Too often, those folks are ending up incarcerated, homeless, dead and in the never-ending revolving doors of acute psychiatric beds. Because of this under-looked population, as of late, we are focusing our lens there.

I use the example of one individual who is 25 years old, has had 100 commitments or more, cost the state millions of dollars, but there has been no return on investment. He continues to deteriorate between hospital visits as he struggles with schizoaffective disorder, paranoia, impulse control disorder and learning disabilities. Due to years of neglect, he now has a meth addiction.

I began an Assisted Outpatient Treatment court program with a judge in New Orleans which has done wonders for some of our participants - especially those with stable housing - who lack insight that they have serious mental illness and therefore will not seek treatment. But some individuals are too sick even when treatment adherent.

The elephant in the room, and everyone knows it, is the lack of long-term inpatient facilities with 24/7 living and clinical supports on site or nearby.

Desperately needed is a federal funding stream, through CMS, HUD, or both, to provide sustainable support for people like the individual I mentioned in Housing that Heals – a reference to a fantastic white paper with examples of long-term therapeutic housing that I urge this committee to read.

Right now, we are waiting for him to commit a felony so that we can get him evaluated for competency and into a forensic hospital. This is an outrage.

We have an individual with a no-fault disease who is being forced to become dangerous by discriminatory mental health laws to get into treatment through the criminal justice system. If there were ever a definition for torture this, is it. I urge this committee to not unfairly exclude populations who cannot or will not voluntarily seek help based on an ideology that leaves people with serious mental illnesses circling the drain until they want help. As consumer and my colleague Julie Fast says: "Rock Bottom in Serious Mental Illness is death.

According to the National Council for Mental Wellbeing, failure to take medication as prescribed.

- Causes 10% of total hospital admissions
- Causes 22% of nursing home admissions

- Has been associated with 125,000 deaths
- Results in \$100 Billion/year in unnecessary hospital costs
- Costs the US economy \$300 Billion/year

Thanks for taking my comment.

**Rev. Tony Roberts**

My name is Bart Jones and I believe that court ordered treatment saved my life. In 1986, I was court ordered for a year after I had threatened to kill my mom and tried to strangle my dad. I was committed to a psychiatric hospital and then to a halfway house. I didn't want to go. I didn't think I needed medicine. But I was made to, so I did. In doing so, I came to realize I had an illness and needed medication and treatment to get well and be well for others. Now I live independently; I have my own car; and, I help others who also have serious brain illnesses. I was even blessed to help care for my mother the years leading up to her death.

I strongly believe access to court ordered treatment through programs like Assisted Outpatient Treatment is essential. It shouldn't be that difficult to get treatment for someone who is desperately ill.

Respectfully,  
Bart Jones

**Doug Dunbar**

It's my understanding you're receiving comments pertaining to Assisted Outpatient Treatment (AOT) in advance of an August 27th public hearing or listening session.

Although not personally impacted, I've heard too many tragic stories of lives lost and families torn apart due to AOT not being available or families not able to secure this care for their loved one.

AOT is compassionate care that should be federally mandated and embraced by states nationwide as a way to finally bring treatment to the many individuals suffering with serious brain disorders who also suffer from anosognosia. As you know, anosognosia is a neurological condition that robs a person of the ability to know he or she is sick and needs help.

Thank you for your time and including these comments in whatever compilation of public input will be developed.