Testimony for SB807
March 8, 2022, 1:30pm, Senate Finance Committee
From: Janet Edelman, 12038 White Cord Way, Columbia, MD 21044
Position: FAVORABLE

I have been an advocate for people living with a mental illness for forty years. I am currently chair of the Howard County Behavioral Health Advisory Board, but I am testifying as an individual. Please support SB807 to authorize the establishment of an evidence based Assisted Outpatient Treatment Pilot program in Frederick, Maryland to serve those with severe mental illnesses, such as schizophrenia and bipolar disorder, who are unable, because of their illness, to engage in voluntary outpatient services.

Over 20 years ago in 1999, both Maryland and New York studied the issue of Assisted Outpatient Treatment or AOT, also sometimes called Outpatient Civil Commitment (OCC) to provide support for people living with a mental illness that were the most difficult to treat because they do not engage voluntarily in treatment. New York moved forward with a program (Kendra's Law- Assisted Outpatient Treatment (AOT)) at that time and is now a model for the country. Maryland chose not to proceed. Maryland is basically in the same place as it was in 1999 on this issue, since the Baltimore OCC pilot program that it did implement in 2017 has tragically failed in serving the target population, and has reported enrolling only a handful of people over four years.

According to the Baltimore Pilot OCC enabling legislation (HB1383 of 2017), one of the main intents of the legislature was to "inform effective planning to implement community services that better serve State residents living with a serious mental illness who do not engage voluntarily in treatment". The Baltimore Pilot has failed completely in this regard. Only three people were reported as involuntarily enrolled in FY18 and none in the following years. Meanwhile, the Health Department's March 28, 2018 OCC report to the legislature included FY2015 claims data indicating over 5,000 individuals from Baltimore City received inpatient care, many having repeat hospitalizations over a short period of time. Those individuals cycling in and out of the hospital are the population that traditionally benefit from an evidence based AOT program. However, those in charge of the Baltimore pilot have steadfastly opposed admission criteria and operating procedures used by successful AOT programs.

The OCC Baltimore Pilot program was originally funded for four years by a SAMHSA Assisted Outpatient Treatment Grant, but SAMHSA terminated the pilot early because unlike the other 24 AOT pilots that SAMHSA funded at the same time, Baltimore could not meet the required minimum of 75 involuntary patients, and also the Baltimore pilot fundamentally failed to meet evidence based standards for AOT. For example:

- Many people are excluded from the OCC program because it requires that the patient must currently be an involuntary hospital patient that has been committed at a hearing before an administrative law judge. Very few patients meet this criterion because even if they were brought to the ER on an involuntary basis, they are always offered the opportunity to convert to a voluntary status both in the ER and after they are in the hospital.

- There is no consequence for non-adherence.
- The OCC court order does not specify a treatment plan to be followed such as psychiatrist or therapy visits, participation in ACT Teams services, substance abuse services or medication options in consultation with the individual served under the court order.

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The Baltimore OCC pilot has failed to generate any hard data on its outcomes. The March 2018 report stated that "An evaluation plan has been developed to capture the treatment outcomes of program participants." BHSB was to use weekly OCC pilot program reports to identify and monitor several items including:

> "• status of outcomes related to housing, employment, use of ambulatory health services as well as the use of emergency departments and inpatient services;
> • any high-risk issues, such as use of emergency room, hospitalization, arrest or loss of housing, or if they are not able to locate program participants".

No data on these outcomes has ever been presented. Their "outcome measures" consist only of select statements of appreciation from some of the enrollees. Not even hard data on the consumer feed-back as percentage of enrollees that liked the service or felt it helped with adherence to treatment.

In conclusion, the Baltimore OCC pilot in four years has failed to successfully show that it can routinely provide outpatient treatment to those who cannot or will not engage in voluntary treatment. It also has failed to show it can reduce hospitalization or involvement with the criminal justice system for those who fail to engage with voluntary services. Many studies have shown that evidence based AOT, as is authorized by SB807, is successful in all of the above.

I would hope that after 22 years of making the wrong decision on AOT, that the legislature will finally chose to implement an evidence based AOT program in Maryland. Those that are severely mentally ill and are cycling between hospitals, jails and homelessness deserve a program for which they are eligible and that works.