

Promoting support, research, treatment, and public policies that improve and save lives

**Testimony on SB807, Senate Finance Committee March 8, 2022** 

**Position: Favorable** 

The Schizophrenia & Psychosis Action Alliance, advocating for individuals with severe mental illness and their families strongly supports SB807, which establishes and Assisted Outpatient Treatment pilot program in Frederick, Maryland. It offers a path to treatment for those currently left out of the Maryland mental health outpatient system which offers only voluntary services.

No treatment programs are available to those who are too ill to recognize their need for treatment and thus do not engage successfully with voluntary outpatient treatment programs or refuse treatment entirely. This is clear and simple discrimination against those with severe illness and unequal treatment under the law.

The result is that Maryland has discarded these vulnerable individuals to the streets and the jails which report up to 50% of their inmates with mental illness.

As before the first AOT program was established in New York, those who did not understand how AOT works, feared change and negative consequences. They confused AOT with involuntary inpatient treatment, which is highly restrictive and unlike AOT, allows for medication over objection. They were also concerned about the potential for racial bias.

However thorough research of the NY State AOT Program (attached) by Duke University Researchers found:

We find no evidence that the AOT Program is disproportionately selecting African Americans for court orders, nor is there evidence of a disproportionate effect on other minority populations. Our interviews with key stakeholders across the state corroborate these findings. The study also found that the court order itself resulted in additional benefits over increased services without the negative consequences that some feared. The report's summary on page viii states: "We find that New York State's AOT Program improves a range of important outcomes for its recipients, apparently without feared negative consequences to recipients.

We should not let unsupported fears violate the right of all those with severe mental illness to have appropriate treatment services offered.

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