

Testimony for SB0807

March 9, 2022, 1:00 pm, Finance Committee

Topic: Dire Need for AOT in Maryland

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My name is Cornelius Kuteesa. I am a Senior Care Coordinator and Mentor with Help In the Home LLC. I am here today to bring to light the dire need for Maryland to pass legislation authorizing an evidence based, statewide, Assisted Outpatient Treatment (AOT) program, also known as Outpatient Civil Commitment (OCC). I have been a Care Coordinator at Help in the Home, LLC in Rockville for about 5 years. Help in the Home specializes in supporting individuals with severe and persistent mental illness. We have a supported living community of five townhouses in Rockville and Individual Support Services for those who live independently in the D.C. metro area. We believe in client focused, team guided care and thrive in a culture that treats all clients as our own family with dignity and respect, so they can live the healthiest fullest lives possible.

AOT is the practice of placing an individual with severe mental illness under court order to adhere to outpatient treatment to maintain the individuals' health and safety. It is a tool appropriate for a small subset of high risk, very ill individuals who lack the capacity to recognize their illness, causing them to refuse and avoid voluntary treatment options.

Maryland is one of only three states that does not have a statewide statute authorizing involuntary treatment in the community or AOT. It is important that AOT not be restricted to those with involuntary hospital commitments but be available to help those with multiple voluntary hospitalizations, incarcerations, with a history of violence or those in the community who are unable to care for themselves. In order to explain this need I am going to give you information about some of our client stories followed by hard facts to support this need.

Our client, we will call him Jon, is a 64-year-old African American male who is diagnosed with Schizophrenia and has a long history of repeated hospitalization and release. From 2014-2017 Jon was emergency petitioned 12 times with one arrest and has been kicked out of 3 different apartments for property damage and disturbance of others due to his behavior. Each time he was discharged to a rehab or a crisis center for anywhere from 3 days to 2 weeks. In 2017 with no other choice he ended up at the men's shelter in Rockville. In a span of 2 months, he was emergency petitioned from the shelter 4 times. Out of the 4 times I was only able to convince a social worker to keep him for an extra couple days one time. She released him to a crisis program where he walked out and disappeared on the first day. Later

that year, Jon was kicked out of the homeless shelter because he threw a knife at a person. Thankfully it missed and embedded in the wall behind his human target. He was in an acute care hospital for little more than 7 days and was then released. It is only by chance that Jon has not harmed anyone yet. Jon continues on this vicious cycle with no government interference. If Maryland had an AOT plan in place this client would not be stuck in this cycle living a marginal life defined by instability, fear, and now poverty. In our current world violence is increasing at an alarming rate, so why do we have to wait for these individuals to add to the violence? Why should this man have to harm himself or another before the state will even consider intervening?

If I had more time I could go into detail about three other clients who also live in this vicious cycle but due to time I will just mention them briefly. We have a 30 yr old female client who stopped taking medications earlier this year. Prior to this, she was in school working and living a stable life under our care. Since then, she has been on her own randomly popping up in different states and hospitals. Her parents check in with us for help, but they are forced to live in a life of fear not knowing if she is safe, and hoping that her illness and actions won't lead to her death. On the same weekend I wrote this testimony we had a 21 yr old and a 30 yr old from our community emergency petitioned due to medication refusal and lack of safety. I was called on Saturday afternoon to go check on them. One was admitted and will be released next week and the other was released the same day. So, this cycle will continue, they will get "stabilized" and released with nothing but a promise to not go off meds or run off into the freezing cold. How is this fair or right when these individuals cannot process the severity of their illness or reality?

Besides the human tragedy, another consideration is the high cost of the current system to our county and state. Because of their unique treatment patterns, individuals typically have a history of utilizing high-cost resources, often in multiple systems. A substantial body of independent research has found that AOT reduces the incidence of psychiatric emergency/crisis services, inpatient psychiatric utilization, criminal justice involvement, and reduces costs for at-risk adults with severe mental illness(reference). Potential savings include reduced costs for providing health services – that is, direct costs – and indirect costs for non-health services that may be changed by the implementation of AOT. These costs include but are not limited to, inpatient outpatient psychiatric services, hospitalizations, pharmaceuticals, administrative costs at civil courts, shelter costs, and criminal justice costs. In one county in California, they saw a 45%

savings after implementation saving them \$503,621. If it was implemented in all other counties the estimated savings would be \$189,491, 479. A county in Florida saw a 42% reduction in hospital days, and a 72% reduction of incarceration days. This resulted in \$303, 728 less spent on hospitalization prior to the court order. At \$59 a day for incarceration they saw a saving of \$14, 455(reference).

Given all these facts I am coming to you with extreme urgency to protect our mentally ill members of our community. They deserve to live a fulfilling life of stability, dignity, respect and happiness but they need the help and tools in order to do this. I fear that if an evidence based AOT plan is not implemented then the next time I share this story Jon and others will be dead.
