

Date: March 7, 2022

To: Delegate Shane E. Pendergrass, Chair, and
Delegate Joseline A. Pena-Melnyk, Vice-Chair
House Health and Government Committee

From: Christy Kehlbeck, Board President, On Our Own of Frederick County, Inc.
chkehlbeck@comcast.net / 240-344-5839
Frederick County Maryland

Re: House Bill 1017 – Frederick County – Mental Health Law – Assisted Outpatient
Treatment (AOT) Pilot Program

Position: Informational Only

Testimony:

Thank you Health and Government Operations committee members for your dedicated service to improving access and equity in behavioral health care for all Marylanders.

I am writing today to share an **informational perspective on Bill 1017**, which would establish an “Assisted Outpatient Treatment (AOT)” outpatient civil commitment pilot program in Frederick County.

My position on this bill is informed by my service as Board President of On Our Own of Frederick County, Inc. (OOOFC), a non-profit organization that offers services to people who live with mental health challenges / substance use disorder to recover and be connected to society. Website is www.onourownfrederick.org.

The OOOFC Wellness & Recovery Center is located in downtown Frederick. Our staff are “Peers” with similar “lived experiences” providing people one-on-one peer support, support groups, trainings, social activities, and daily “Warm-line” phone support. Since July 1, 2021, OOOFC has served over 450 unduplicated people, had over 175 “One-on-One” peer support sessions, held over 300 facilitated peer Support Group sessions, helped 22 peers find housing, helped 26 peers find employment and helped 5 peers to enter voluntary inpatient treatment.

We appreciate that the intent of House Bill 1017 “Assisted Outpatient Treatment Pilot Program” (AOT) is to provide services to those with mental health challenges and we support the spirit in which it was proposed. However, without careful review and revision, the proposed framework in its current state could result in circumventing existing checks and balances, imposing undue restrictions on individual liberties and could lead to potential fraud and abuse. We have concerns about the effectiveness of treatment when it is administered under duress. The end result of implementing this proposed legislation, could, in fact, be detrimental to those it is intended to serve, which

we are sure was not the original intent. We have a few questions and concerns to share with the Committee.

Checks and Balances: We have confidence in the current “Emergency Petition” procedures in place, along with the proven checks and balances and the appeals opportunities. At first glance, this AOT pilot program appears to circumvent the current procedures and safeguards to protect all impacted stakeholders.

Respondents and Petitioners: This bill could have the unintended effect of empowering any disaffected petitioner with a “legitimate interest” to lodge a complaint against a respondent who is “likely to deteriorate” and result in that individual being forced into the judicial process and treatment at taxpayer expense. Who determines the “legitimate interest” of a respondent and how will we determine who is “likely to deteriorate” in this instance?

Oversight: What is the vetting and oversight process for providers and psychiatrists? Under the proposed legislation, is it possible that an individual or organization could recommend someone for this program and then profit from keeping an individual assigned to one of these programs? Who will determine any potential conflict of interest between the recommending psychiatrist and the provider?

Outcomes: As a program focused on the treatment of mental health, we would expect to see outcomes and measures that go beyond those indicated in the Bill (i.e., number of people treated, number in compliance with mandated plans, and cost savings). These quantitative measures do not necessarily speak to the quality or efficacy of the proposed treatment on the individual, only that it occurred and it saved money. How will cost savings and return on investment be calculated? What is the baseline for cost against which this program will be measured and who determines that?

We are concerned that without appropriate outcomes and measures, this might be used by businesses and individuals to push those with mental health challenges out of the public eye rather than shining a light on their challenges and providing an appropriate, outcome-focused response for all impacted stakeholders.

Summary: We would highly recommend additional time be invested to examine the necessity and impact of this AOT Pilot Program on our community and residents to determine appropriate outcomes for individuals, and to ensure proper checks and balances to mitigate against potential fraud and abuse.

OOOFC would be happy to participate in this vetting process and to share outcomes resulting from our unique peer support services and educational trainings. We would also welcome expanded stakeholder engagement and participating in crafting this legislation for the betterment of our community.

I strongly urge the committee to consider these concerns and questions.