

Testimony for the March 9, 2022 meeting of the Health and Government Operations Committee

Topic: HB1017 Assisted Outpatient Treatment Pilot Program with Amendment

By: Charles Richardson, MD (Address: 7662 Sweet Hours Way; Columbia, MD 21046, District 13)

I recently retired from the state of Maryland and Spring Grove Hospital where I worked as a psychiatrist for 32 years. My experience made it clear that the criminalization of mental illness in Maryland remains a major problem. The statutory authorization of evidence based Assisted Outpatient Treatment as proposed in HB1017 by Delegate Lewis Young and SB 807 by Senator Hough would go far to reverse this trend.

Over 100,000 Maryland residents are afflicted by severe mental illnesses, including Schizophrenia and Bipolar Disorder. Acute episodes of these brain-based illnesses require weeks to months of sustained medication before gradually resolving. This is far longer than typical inpatient admissions, which seek only to resolve acute dangerousness. Most patients voluntarily continue their treatment as outpatients as their symptoms continue to resolve. But a small percentage will not, specifically because they lack the capacity to perceive the presence of an illness or the need for treatment. This perceptual deficit is a symptom of their brain disorder, which usually resolves at the same slow pace as their other symptoms. Maryland's mental health system does not currently provide a mechanism to ensure continued outpatient treatment for these patients until such time as they can again see the wisdom of voluntary participation in outpatient services.

This deficiency in our system of care contributes directly to the criminalization of mental illness, as the disorganized and terrified behavior of inadequately treated patients all too often leads to arrests. Patients are then literally punished for their illness-driven behavior by prolonged incarcerations in jails and state hospitals. And the legal entanglements often lengthen their court-ordered inpatient treatment well beyond clinical need, reducing the efficiency of limited state resources. Tragically, in Maryland today, the only way to ensure sustained treatment of severe mental illness is for the patient to be arrested, jailed, and court-ordered for treatment at a state facility. This is just plain cruel.

Assisted Outpatient Treatment is an evidence-based means of intensifying treatment for severe mental illness, on an outpatient basis, for those who are unable to recognize their need for treatment. It would address the need for sustained treatment so often necessary for a patient to achieve improved judgment, not merely the absence of dangerousness. It would do so without requiring the patient to reside in a locked facility. It would make families feel more secure in allowing their loved ones to reside at home. It would reassure the local police that troublesome behavior is being addressed in such a way as to ensure community safety. It would provide a mechanism for civil court-mandated treatment while reducing the use of the more punitive and costly criminal court-ordered treatment. I am respectfully asking you to support HB 1017, with the amendment presented by Delegate Young, to institute this life-altering treatment.