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## **HB1017 Frederick County–Mental Health Law-Assisted Outpatient Treatment Pilot Program**

**Date: March 9, 2022**

**Position: FAVORABLE**

**What is AOT?** Assisted outpatient treatment (AOT) is the practice of delivering outpatient treatment under a civil court order to small, high-risk subset of individuals with severe mental illness (SMI). The court and the mental health system work collaboratively to assist individuals with SMI to engage in treatment and ensure that the mental health system is attentive to their needs. The order requires following an individualized treatment plan, designed with input from the AOT participant, for one year, monitored by the local mental health system. This allows time for lasting stabilization on medication & treatment. Consequences for non-adherence to treatment include an appearance in court for a status review, modification of the treatment plan, or ordering an evaluation for possible hospitalization. Contempt orders are not allowed and AOT does not authorize any forcible medication or treatment. It utilizes the black robe effect of respect for a judge’s order and recovery principles of treatment engagement.

**Who needs AOT?** Individuals with SMI, such as schizophrenia or bipolar disorder, with a history of inconsistent or no engagement with outpatient treatment, often due to diminished awareness of the need for treatment, caused by the illness itself. Participants must be likely to deteriorate or become a danger to the life or safety of the individual or others. They have often been caught in a cycle of repeat ER and hospital stays, homelessness, and incarcerations. AOT provides an outpatient treatment option when it is the least restrictive way to maintain health and safety.

**Is AOT Effective?** AOT has been shown to significantly reduce hospitalizations, arrests, incarceration, homelessness, violence and victimization in states where it is practiced. A five-year report<sup>1</sup> comparing recipients’ outcomes under AOT to their prior results under voluntary treatment found:

**77 percent fewer experience psychiatric hospitalizations**  
**87 percent fewer experienced incarceration**

**83 percent fewer experienced arrest**  
**74 percent fewer experienced homelessness**

**AOT improves treatment compliance and quality of life:** 90% of AOT recipients interviewed said AOT made them more likely to keep appointments and take medication.<sup>1</sup> 81% said AOT helped them to get and stay well.

**AOT saves money.** In New York City, net costs per person declined 43% in the **first year** of AOT and an additional 13% in the second year (about \$50,000 total/person). Other areas of the state saw even greater savings.<sup>2</sup>

**AOT in the U.S: Maryland is one of only THREE states without a statute enabling AOT.** SAMSHA has supported establishment of AOT programs in new communities with 40 grants since 2018. There are active AOT programs in more than 135 counties across 31 states. New York and New Jersey mandate AOT state-wide.

**Civil Rights:** All guarantees of civil rights protections in Maryland’s current law remain in place under this bill, including legal representation and judicial hearings.

**Maryland has no evidence-based pilot AOT program: The Baltimore OCC Pilot Program is NOT an evidence based AOT program:** Ex: OCC orders require only peer counselor meetings, not treatment plan compliance and the OCC pilot has no consequences for non-adherence. The OCC Pilot failed to serve the target population, reporting only 3 orders issued since 2017. No numerical outcome data such as reductions in hospitalizations or incarceration has ever been reported by the OCC Pilot.

<sup>1</sup> Kendra’s Law: Final Report on the Status of Assisted Outpatient Treatment (New York: Office of Mental Health, March 2005)

<sup>2</sup>Swanson, Jeffrey W, Ph D, et al, “The Cost of Assisted Outpatient Treatment: Can it Save States Money? Am J Psychiatry 2013