



March 7, 2022

The Honorable Shane E. Pendergrass
House Health & Government Operations Committee
House Office Building – Room 241
Annapolis, MD 21401

RE: Support – HB 1017: Frederick County – Mental Health Law – Assisted Outpatient Treatment Pilot Program

Dear Chairman Pendergrass and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support House Bill 1017: Frederick County – Mental Health Law – Assisted Outpatient Treatment Pilot Program (HB 1017). MPS/WPS have connected with the bill sponsors and proponents and have asked them to consider amendments, which we detail below, to better ensure the success of the assisted outpatient treatment (AOT) pilot program in Frederick County.

Throughout the U.S., there is a substantial population of persons with severe mental illness whose complex treatment and human service needs have not been met by community mental health programs. For many, their course is frequently complicated by non-adherence with treatment, and as a result, they often relapse, are hospitalized, or are incarcerated. These individuals typically interact with various human service agencies — substance use disorder treatment programs, civil and criminal courts, police, jails and prisons, emergency medical facilities, social welfare agencies, and public housing authorities. The pressing need to improve treatment adherence and community outcomes has led policymakers to focus on a range of legal mechanisms to improve treatment adherence, including AOT, which is the focus of the Frederick County pilot program under HB 1017.

AOT is a civil court procedure wherein a judge orders a person with severe mental illness to adhere to an outpatient treatment plan designed to prevent relapse and dangerous deterioration. Persons appropriate for this intervention need ongoing psychiatric care owing to severe mental illness but who are unable or unwilling to engage in ongoing, voluntary, outpatient care. The goal of AOT is to mobilize appropriate treatment resources, enhance their effectiveness, and improve an individual's adherence to the treatment plan.

If systematically implemented and resourced, AOT can be a valuable tool to promote recovery through a program of intensive outpatient services designed to improve treatment adherence, reduce relapse and



**Washington
Psychiatric Society**

re-hospitalization, and decrease the likelihood of dangerous behavior or severe deterioration among a subpopulation of patients with severe mental illness. Studies have shown that AOT is most effective when it includes a range of medication management and psychosocial services equivalent in intensity to those provided in assertive community treatment or intensive case management programs.

MPS/WPS believe that the following amendments would make the procedure leading to AOT easier to navigate and, in turn, create a stronger AOT pilot program:

Amendment 1

On page 2, in line 3 strike “UNDER THE SUPERVISION OF” and substitute “BY”

Amendment 2

On page 3, in line 3 after “ABLE” insert “, IF NECESSARY,”.

On page 3, in line 22 after the semi-colon insert “AND”

On page 3, strike in their entirety lines 23 – 32 and substitute “(4) WITHIN THE PAST YEAR, RESPONDENT HAS BEEN CERTIFIED BY TWO PHYSICIANS AS MEETING CRITERIA FOR INVOLUNTARY HOSPITALIZATION BUT HAS NOT ADHERED TO INPATIENT TREATMENT RECOMMENDATIONS OR THE POST-DISCHARGE TREATMENT PLAN.”

Amendment 3

On page 4, in line 21 after the third “THE” insert “TREATING”.

Amendment 4

On page 8, strike beginning with “OR” in line 2 down through “TITLE” in line 3 and substitute “BUT MAY BE CONSIDERED AS EVIDENCE OF A RESPONDENT’S INABILITY TO BE TREATED IN A LESS RESTRICTIVE LEVEL OF CARE AS REQUIRED BY HEALTH GENERAL §10-617”

For all the reasons above, MPS/WPS ask the committee to adopt the amendments and give HB 1017 a favorable report. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee