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Committee on Education, Energy,
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 27, 2023

Support of SB 480 – Mental Health Law - Assisted Outpatient Treatment Programs

The Honorable Melony Griffith

Finance Committee

Maryland Senate

11 Bladen Street, Room 302

Annapolis, MD 21401

Chair Griffith, Vice-Chair Klausmeier, and Esteemed Members of the Finance Committee,

Assisted Outpatient Treatment (AOT) is the delivery of outpatient treatment under a civil court order to a small, vulnerable subset of individuals with severe mental illness (SMI), who are too often caught in a cycle of repeat ER and hospital stays, homelessness, and incarcerations. AOT is designed for those individuals with an existing mental health diagnosis, such as schizophrenia or bipolar disorder, who have a history of inconsistent or no engagement with outpatient treatment. The inconsistency or lack of treatment among these populations is often due to diminished awareness of the need for treatment, a condition directly related to their illness itself. Participants in this AOT program must show a pattern of hospitalizations, be likely to deteriorate and potentially become a danger to the life or safety of themselves or others.

While there are a variety of programs that already exist to assist those with SMI, the existing programs do not reach everyone. Some of the most at-risk continue to be invisible to our treatment system. In Maryland, our preference for voluntary engagement has left a percentage of people with SMI, who are not able to always understand or appreciate the nature of their own illness as a direct result of their condition, out in the cold, both figuratively and literally. This program is a chance for Maryland to invest in an evidence-based practice that exists in all but three U.S. States. The program is crafted to help individuals whose needs are not currently being served and deserve the benefits of a program designed to prevent hospitalization, incarceration, and deterioration on the street.

AOT provides an outpatient treatment option when it is the least restrictive way to maintain health and safety. 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. For some of the most vulnerable among us, this means that engagement is

supervised and a person cannot simply fall through the cracks. Our news headlines are rife with examples of people who have left a hospital, still ill, and have had tragic outcomes. AOT is a powerful tool to empower those enrolled to continue their stabilization after discharge, and to keep and build on the gains they earned while in the hospital. AOT allows the individual and their treatment team to take what is often a brief window of opportunity to intervene and provide needed support to end the revolving-door of treatment and strike out on a new, more successful path.

Under this program, a person in AOT will receive an individualized treatment plan, designed with their input and collaboration, for one year. During this time, they will receive concentrated support with the goal of working together toward success. This is treatment, and treatment is not punishment. Criminal contempt is not part of this program, nor is jail. If the current treatment program is not working, this program does not allow forced medication, rather the program requires everyone to come back to the Court to troubleshoot. The program requires collaborative effort and all successes are shared, an important element of the program. Should the individual's condition deteriorate, the treatment team will have the services in place and the lines of communication open, so they can get the individual back on track. With everyone invested in the individual's success, a win for one is a win for the treatment team.

This is what's missing in Maryland – an acknowledgement that the path to success is harder for some than others. Placing the onus on individuals who are struggling with symptoms of untreated severe mental illness to be solely responsible for their own success within a complicated system, sets them up to fail and causes needless suffering. This program will be a game-changer for anyone who in the past would have been discharged into nothing.

This program is not reinventing the wheel – AOT has existed for decades in most states and there is significant data demonstrating its effectiveness. AOT has been shown to significantly reduce hospitalizations, arrests, incarceration, homelessness, violence, and victimization in states where it is practiced. A five-year report¹ comparing recipients' outcomes under AOT to their prior results under voluntary treatment found:

- 77 percent fewer experience psychiatric hospitalizations;
- 83 percent fewer experienced arrest;
- 87 percent fewer experienced incarceration;
- 74 percent fewer experienced homelessness.

AOT has also proven to be extremely popular for those enrolled in other mental health programs, with 90% of AOT recipients interviewed reporting that it made them more likely to keep appointments and take medication.² 81% said AOT helped them to get and stay well. In a

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

² Id.

recent survey of those enrolled in SAMHSA's federal pilot program, a whopping 92% of participants either agreed or strongly agreed with the statement "I liked the services I received here."³

Beyond the humanitarian reasons to consider AOT, there are the financial savings to consider. Implementation of AOT in other states has resulted in cost savings for both the health and criminal justice systems. In New York City, where AOT is widely practiced, the 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.⁴

This bill was heard during the 2022 legislative session and significant changes have been made in order to address stakeholder concerns. I urge you to support this legislation which will assist the severely mentally ill in obtaining treatment.

Sincerely,



Senator Karen Lewis Young

³ Id.

⁴ Swanson, Jeffrey W, Ph D, et al, "The Cost of Assisted Outpatient Treatment: Can it Save States Money? Am J Psychiatry 2013.