

Testimony for HB 823
Assisted Outpatient Treatment Programs
Health and Government Operations Committee
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Position: Support

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 (AOT) as proposed in SB480 would help to reverse this trend.

Over 60,000 Maryland residents suffer from the neurobiological illness we call schizophrenia. Many of these patients lack the capacity to perceive the presence of an illness or the need for treatment. This cognitive deficit is a symptom of their brain disorder, and it undermines their capacity to make informed treatment decisions. Assisted Outpatient Treatment aims to increase adherence to outpatient treatment, for those patients who are unable to recognize their need for treatment, and who have demonstrated adverse consequences as a result. The absence of AOT, and a civil path to sustained treatment, leaves these patients at the mercy of their illness, and contributes to the fact that virtually 100% of state hospital patients are admitted with criminal charges.

Over the past 20 years, several outcome studies have been conducted in states with active AOT programs. These have consistently shown that patients assigned to AOT subsequently demonstrate reduced risk of suicide and violence, reduced in-patient admissions, and better social functioning. A 2011 study conducted by researchers at Columbia University's School of Public Health found that the risk of any arrest was nearly three times higher and arrest for violent behavior was over eight times higher among outpatients prior to AOT assignment than during AOT.

It is important to recognize that the liberty restrictions created by AOT are modest, going no farther than to increase the likelihood of civil commitment to a community hospital for patients who have a history of nonadherence associated harm to self or others. Compare this to the draconian criminal court-ordered treatment used in Maryland today. Patients adjudicated Not Criminally Responsible for even minor offenses can spend years in the hospital before being granted a Conditional Release, which then requires compliance with all medications, controls where a patient can live and what his daily activities will be, lasts for five years, and can be renewed without a hearing. Failure to comply leads to court-ordered readmission to a state facility, regardless of clinical need. All too often, the Release is revoked, and the patient must start over from square one.

One can view AOT as a means to protect the public from untreated patients. But I see it as a means to protect patients from arrest. The trauma and punishment psychotic patients suffer as a result of an arrest and its consequences are extreme, and arguably cruel. Essentially, they are punished for their illness, and for far longer than you or I would be for the same charge. AOT would provide a less restrictive alternative to achieve successful outpatient treatment with far fewer restrictions in the patient's daily life compared to criminal court-ordered treatment, while avoiding the horrors of arrest.

