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Testimony for HB823

From: Thomas Sedlak MD, PhD tsedlak@jhmi.edu

Position: FAVORABLE

March 10, 2023

To whom it may concern:

I have been a psychiatrist physician and scientist caring for those with severe mental illnesses for 23 years. My experience has been in almost all area treatment capacities: outpatient care, hospitalized patients, partial hospitalization, assertive community treatment (ACT), capitation programs, individual psychotherapy, psychosocial rehabilitation, consultant on difficult cases referred from around the world, emergency department care, and advising the BHS Outpatient Civil Commitment program.

When well, my patients with severe mental illnesses have included artists, scientists, writers, neighbors, fellow physicians, and spirited characters who delight and surprise their friends and family.

The darker side is that when falling ill, many lose the ability to perceive what is real or unreal. Roommates seem to be poisoners or assailants. Normally respected laws are transgressed. Self-care and wellness deteriorate. They repeatedly wind up in emergency rooms, hospitals and frequently jail or prison. These are not talking points; I have witnessed it many times. Family members and loved ones can give personal accounts of what happens when patients discontinue care.

While the human costs are immeasurable, these failures also lead to serious financial impact upon Baltimore and the state of Maryland in terms of hospitalizations and crisis care billed to Medicaid, and incarcerations (even brief ones) that could have been prevented. **Assisted Outpatient Treatment (AOT)** has made substantial improvements in the mental health and wellbeing of patients across the county. People who have won Nobel prizes often cannot boast the results and impact of AOT. Where implemented arrests have been reduced 80%, over 85% fewer incarcerations and over 75% fewer hospitalizations. A hospitalization costs \$2000-3000 per day and may last weeks to months. Maryland is one of the three states remaining to implement AOT.

There are well-meaning individuals opposing AOT. Their concerns should be addressed by oversight and guidance that Maryland AOT is safely implemented and monitored. I urge Maryland adoption of AOT at least on a provisional basis to determine if it will improve the care

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and wellbeing of our residents and am happy to discuss its pros and cons in more detail if needed.

My perspectives are my own and I am not a representative of Johns Hopkins.

Sincerely,

Thomas W. Sedlak, M.D., Ph.D. Johns Hopkins School of Medicine Director, Psychosis Consultation Clinic Attending Psychiatrist