



Date: 2/19/2024

To: Chair Beidle, Vice Chair Klausmeier and The Finance Committee

Reference: Senate Bill 453 - Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs

Position: FAVORABLE

Dear Chair Beidle and Committee Members:

On behalf of LifeBridge Health, we appreciate the opportunity to comment on Senate Bill 453.

LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

My name is Dr. Rishi Gautam. I am a psychiatrist and serve as the Chair of the Department of Psychiatry and Behavioral Health at LifeBridge Health. I am here today representing my organization LifeBridge Health in support of Senate Bill 453 along with the amendments offered by Secretary Herrera Scott.

Severe mental illness (or SMI) has a profound impact on the lives of people suffering from it. It pervades almost every aspect of an individual's existence and function including work, relationships, and has an enormous impact on society. Decades of medical research has empowered us with the ability to treat and manage it - giving hope to millions of people. Despite of great strides there still is a subset of people impacted by SMI who never receive that chance. Unfortunately, these are also some of the most under served, disenfranchised and a clinically vulnerable group, with limited ability and means to advocate for themselves.

Working in acute care settings for over 12 years I have seen countless individuals stuck in a quagmire of hospitalizations, emergency room visits, substance use, homelessness, incarceration, poverty, and loss of relationships & livelihood due to an untreated SMI.

I would like to use this opportunity to highlight a very significant but underappreciated aspect of SMI called Anosognosia or lack of insight. It is a neuro-psychiatric syndrome where the person suffering is unaware of their disease process and hence unable to appreciate the need for treatment.

AOT can be a life-saving opportunity for such people. Research demonstrates it is very effective when implemented with robust individualized community-based supports in the form of housing, transport, access to public benefits, employment, and other social determinants of health.

Maryland is a pioneer in many ways in promoting disease prevention, health equity, and population health through the Total Cost of Care (TCOC) model. It holds health systems accountable to minimize hospitalizations and ER visits, while it also remains one of the only 3 states in the country to not facilitate

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a program like the assisted outpatient treatment. It is a tool that truly adheres Maryland's tenets of community mental health promotion, and allows health care providers in empowering people with SMI to live their life to the fullest potential.

I would like to close my testimony in support of SB 453, and by re-emphasizing that a program like the AOT is not for everyone with mental health conditions, but rather a very small percentage of highly vulnerable adults suffering from life altering clinical conditions like Schizophrenia, severe bipolar & schizoaffective disorder who are unable to advocate for their needs in the current systems of care. I urge the committee to support the passage of this legislation.

For all the above stated reasons, I request a Favorable report for Senate Bill 453.

For more information, please contact:

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