



# Treatment Advocacy Center

**Testimony by Lisa Dailey, Executive Director of Treatment Advocacy Center  
Submitted to Senate Finance Committee  
Hearing regarding SB 453: February 20, 2024 at 1:00 pm  
POSITION: STRONG SUPPORT**

Thank you for the opportunity to submit written testimony. I am writing as the executive director for Treatment Advocacy Center, a national nonprofit focused on eliminating barriers to treatment for those with severe mental illness. I am also writing as the sibling of a person who was able to stabilize during a period of psychosis due to her enrollment in an AOT program in another state, Wisconsin, where outpatient civil commitment is a normal part of the continuum of care used to help people to return to their communities more quickly and retain the gains they achieve during inpatient treatment at a period of time when the extra support is critical.

While many focus on the fact that this treatment is court-mandated, the key thing to remember about assisted outpatient treatment is that it is *outpatient*. Testimony from opponents tends to focus on bad experiences from hospitalization without recognizing that AOT is designed to be a less restrictive alternative to hospitalization that allows individuals to stay in or return to their community support systems while receiving sufficient assistance and supervision to do so safely. It is fully consistent with the preference for delivering care in the least restrictive setting appropriate to need outlined in the holding for *Olmstead v. L.C.*,<sup>1</sup> in which the U.S. Supreme Court directed states to find alternatives to longer term placement in institutional settings.

Maryland, because it does not have authority for outpatient civil commitment, has created a situation in which the people with the most severe psychiatric illness but who lack the ability to perceive their need for continued treatment alternate between the highest level of restrictive care (hospitalization or criminalization) and no care, deteriorating in their communities until their symptoms can no longer be ignored. Every period of psychosis that goes untreated makes it less likely that the individual will be able to return to their prior level of functioning.

Civil commitment is not a step to be taken lightly, but some Marylanders are relying on intervention as their only hope to escape the mental torture of psychosis. It is our duty to provide a pathway to recovery for *all* Marylanders, not just those who are well and insightful enough to attend a hearing and give composed testimony.

Respectfully,

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<sup>1</sup> 527 U.S. 581 (1999).