Testimony for SB453
To: Finance Committee
From: Carolyn Knight, MSN, RN; District 14, Montgomery County

POSITION: SUPPORT

I have been an advocate for treatment and services for those with serious mental illness for 30 years and AOT specifically since 1999. I am very familiar with the arguments against the program and the strategies used to make existing programs so weak as to benefit very few potential clients. I have testified before a number of you in previous sessions.

One argument is that expanded, well-funded voluntary community services are an alternative to Assisted Outpatient Treatment. The inconvenient truth is that some with severe mental illness have anosognosia, the inability to recognize one's own illness and need for treatment. Many family members have experienced the stiff finger aggressively pressed into our chests, with the firm assertion that, "I'm not sick! YOU'RE the crazy one." My brother was one of these. It was not innate stubbornness, but one of the most diabolical symptoms of the brain disorder and very frequent in bipolar disorder and schizophrenia. Some can be persuaded, and enough trust established to participate in treatment, but others would not accept treatment if it came with a cash prize and was provided at a 5-star resort. The brain disorder will–not–allow–it. The alternative reality that comes with delusions and paranoia are powerful and seductive. The sad irony is that we have treatments that work. To achieve wellness, one must have a period of clarity to grasp the need for extended treatment to avoid relapse or at least the realization that life is better when adherent with treatment. AOT provides one path to serve those that cannot consistently engage voluntary in available services, no matter how stellar they are.

And while we wait for the voluntary services alone to repeatedly try to "engage" our loved ones, the consequences of non-treatment pile up: continued brain deterioration, repeat hospitalizations, homelessness, victimization, suicide, criminalization, violence, and premature death. Testifiers here today have lost their loved ones because AOT was not ordered. How many more lives must be sacrificed in the hope that voluntary services will work without requiring the court oversight and encouragement provided by AOT?

An additional claim is that voluntary services are more effective than AOT in reducing hospitalization. The opposition cites some research that includes pilot programs from over 2 decades ago that were not at all comparable to present day AOT programs. Other research they cite includes Community Ordered Treatment (COT) or Community Treatment Orders (CTO) from other countries, but ignore positive findings in those reports. One paper stated, "Studies using the New York dataset found that CTOs were associated with reduced [hospital] admission rates and inpatient days." Another cited article from 2001 concluded that "Involuntary outpatient commitment, when combined with intensive mental health services, can be effective in reducing the risk of negative outcomes. But whether a court order in and of itself has any effect is an unanswered question."

That question was answered in 2010 research on New York's AOT program which showed that AOT is more effective than voluntary services alone in reducing hospitalization. "The increased services available under AOT clearly improve recipient outcomes, however, the AOT court order, itself, and its monitoring do appear to offer additional benefits in improving outcomes." This research also showed significant reductions for individuals in hospitalizations (77%), arrests (83%), incarceration (87%), homelessness (74%), harmful behaviors (44%), and victimization (50%).[4] Additional data recently collected by SAMHSA from jurisdictions awarded grants to establish an AOT program also showed robust positive outcomes for individuals: 78% reduction in Emergency Department visits, 85% reduction on hospitalizations, 44% reduction in incarceration, 48% reduction in homeless nights, and 91% of participants agreed with the statement "I liked the services I received here."

However, the truth that is often overlooked is that for those who lack insight into their need for treatment and cannot adhere to voluntary treatment, the real alternatives are no treatment or AOT.

In summary, we get much right in Maryland as we care for the neediest among us. I am proud of our progressive record and the funding that has been budgeted for services. But we have a serious blind spot when it comes to the sickest of the sick. I have lived with and cared for one of these. He is about to turn 65 and as a result of involuntary outpatient treatment in another state he was spared the ravages of decades of untreated psychosis.

Please vote for SB453 to support this vital tool for patients like my brother.

Thank you

1. Report of the Continuity of Care Advisory Panel, Maryland Department of Health and Mental Hygiene, January 21, 2014. https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/018000/018940/unrestricted/20140020e.pdf
2. Report of the Outpatient Services Programs Stakeholder Workgroup Maryland Department of Health and Mental Hygiene December 10, 2014 Senate Bill 882, Chapter 352 and House Bill 1267, Chapter 353 of the Acts of 2014. https://health.maryland.gov/bha/Documents/Involuntary%20Commitment%20Stakeholders.Final%20report%208.11.21.docx.pdf
3. Substance Abuse Mental Health Services Administration (SAMHSA), Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice. https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care_041919_508.pdf
4. Marvin Swartz, et al. "Assessing outcomes for consumers in New York's assisted outpatient treatment program." *Psychiatric Services* 61, no. 10 (2010): 976–981.