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JOHNS HOPKINS
MEDICINE

To the Committee,

My name is Kathryn Blair and I am a fourth-year psychiatry resident at the Johns Hopkins Hospital. The views expressed in this letter are my own and do not represent Johns Hopkins. I am also a member of the Maryland Psychiatric Society (MPS) and am on the legislative committee of the MPS. **I am writing this letter in support of state legislation (SB453) to enable the establishment of Assisted Outpatient Treatment (AOT) programs in Maryland.** I am writing this letter independently.

Maryland is one of only three states that does not already have an established AOT program, which gives the ability to mandate outpatient treatment for the most vulnerable and psychiatrically ill patients. Multiple studies done in other states have demonstrated AOT programs reduce hospitalizations, reduce homelessness, reduce arrests, reduce suicidal behaviors, reduce violence towards others, reduce caregiver stress, and improve treatment compliance among these patients. Throughout the last four years at Hopkins caring for psychiatric patients, I have seen a large number of patients that are suffering because of a lack of such a program in our state.

One particular patient comes to mind. He is in his early 40s, has a history of schizophrenia and end stage kidney disease. He requires dialysis three times weekly to keep him alive. His schizophrenia is severe and difficult to treat. Part of his illness is that he does not believe he has schizophrenia. He also has the delusion that the staff at the dialysis center are trying to harm him, so he does not attend his dialysis sessions or his outpatient treatment for his schizophrenia. Over the two and a half years, I have played a part in his care from multiple angles. The revolving door starts when he is found unconscious, *near death*, by bystanders in the street due to missing dialysis. He is brought to the hospital in critical condition, requiring a prolonged ICU course to stabilize him. He is then admitted to psychiatry and given the proper treatment for his schizophrenia. But each time he is discharged, he does not attend his outpatient treatment and ends up back in the ICU a week or two later. I even believe he is currently hospitalized right now. If he leaves the hospital, what if no one finds him next time he is unconscious?

This is just one single example and I have many more in the shallow depths of my pocket after only a few years of practice in the state. In fact, I just learned a few weeks ago that a patient I cared for on multiple occasions, who also did not attend care voluntarily, died in the streets of Baltimore due self-negligence related to their illness. Another similar patient I cared for died in their 30s last summer from a drug overdose.

These patients are spending prolonged periods in psychiatric hospitals, jails, emergency departments, and on the streets when they could have much better outcomes if they were enrolled in an AOT program. Not to mention, millions of dollars are being spent to care for these patients in the acute setting, when what they really need is long-term support. I strongly believe the system is failing this population and that we have the chance to really make a difference in their lives by establishing an AOT program in Maryland. **I urge you to vote in favor of SB453.**

Thank you,

Kathryn Blair, MD