

**SB453 Testimony, Senate Finance Committee**

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**Position: SUPPORT**

I have been an advocate for people living with a mental illness for over forty years. I am currently vice-chair of the Howard County Behavioral Health Advisory Board, but I am testifying as an individual.

I have been helping some advocates for this bill prepare their testimony for submission. While I am comfortable creating a PDF, registering on the General Assembly site, submitting testimony and have time during the day to do so, many of our advocates do not. As a result, I have read around thirty personal testimonies that were submitted for this hearing in favor of the bill. Twenty people shared personal stories in their testimony about the toll of untreated serious mental illness and adverse situations that might have been avoided had Assisted Outpatient Treatment been available. The sad statistics from our testimony:

- 4 people have died
- 8 people were homeless for a period of time
- 13 people were in the Criminal Justice system for various crimes
- 5 testifiers described incidences of self-harm, attack on others, victimization, and child abandonment
- 3 testifiers saw successful outcomes only after their relative was placed in an AOT program in another state.

I will be addressing some of the objections presented by those who are opposed to AOT.

A common claim by opponents is that AOT is forced treatment and permits involuntary medication administration of outpatients. This is a misunderstanding and not true. **No AOT program in the country or SB453 permits involuntary outpatient medication administration.** In Maryland, medication over objection can only be done in a hospital after an involuntary commitment hearing before an administrative law judge and review by a medical panel of experts.

Some opponents state that many thousands of people in Maryland will be court-ordered under AOT, but Assisted Outpatient Treatment is intended to be limited to a very small group of individuals with serious mental illness, who meet narrow and specific criteria, such as a recent lack of compliance with treatment that resulted in serious violence, repeated hospitalizations or arrest, and are unlikely to adhere to voluntary outpatient treatment to the extent that they will come to present a danger to the life or safety of themselves or others. Opponents often forget that not just one, but all of the criteria must be met, and AOT must be the least restrictive alternative appropriate to maintain the health and safety of the individual. In addition, a jurisdiction has the option of limiting the enrollment numbers to match the available services and funding. I did a ballpark estimate of number of people that might be served in Maryland. Per the

New York State Office of Mental Health website on 2/15/24, 3,352 people are under active court order in New York state.

[https://my.omh.ny.gov/analytics/saw.dll?Dashboard&PortalPath=%2Fshared%2FAOT%2F\\_portal%2FAOT%20Assisted%20Outpatient%20Treatment%20Reports&page=Program%20Statistics%20-%20Court%20Orders](https://my.omh.ny.gov/analytics/saw.dll?Dashboard&PortalPath=%2Fshared%2FAOT%2F_portal%2FAOT%20Assisted%20Outpatient%20Treatment%20Reports&page=Program%20Statistics%20-%20Court%20Orders) Per the 2020 census, the population of NY State was 20,201,249 and the population of Maryland was 6,177,224. If Maryland had the same proportion of people under active AOT order as New York, **based on these figures, a well-established AOT program in Maryland would have approximately 1,025 people under active court order.** I believe that it will take several years for the AOT program in Maryland to be well-established and approach anywhere near this number.

The opposition states that the AOT process denies a person their civil rights. **SB453 includes due process protection for a person with SMI who is in need of treatment.** AOT is a constitutional method of bringing a person in need of treatment together with the mental healthcare system and the civil courts. Under AOT, the court can hold the mental healthcare system accountable for providing services and continuous efforts to engage the participant in treatment, while still safeguarding the rights of an individual with severe mental illness. Treatment can restore and maintain rational thought and the ability to meaningfully exercise their civil rights. AOT addresses the human rights to treatment and the pursuit of happiness and saves lives. **Those with serious mental illness have a neurological brain disorder, that can be well treated. It is cruel to abandon them to the streets when AOT can be their path to treatment and recovery.**

It is a myth that AOT causes participants to feel coerced into treatment and/or stigmatized **AOT participation need not lead to a heightened sense of coercion or stigma.** A New York study<sup>1</sup> found that AOT participants were no more likely to feel they had been coerced into treatment or stigmatized by the treatment system than were voluntary recipients of public mental health services. Stigma is mainly created by behavior caused by untreated serious mental illness. This behavior can result in incarceration, violence and death.

The opposition states that racial minorities are more likely to be court-ordered into treatment than their white peers. Candidates for AOT are largely drawn from a population in which blacks are overrepresented: psychiatric patients with multiple involuntary hospitalizations in public facilities. **A Duke study<sup>2</sup> found no evidence that the NY AOT program disproportionately selected African Americans.** In order to get the percentages of race of individuals in the AOT program to match the general population, people of color would have to be turned away from a path to treatment. That would be racist.

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<sup>1</sup> Coercive Treatment in Psychiatry: Clinical, Legal and Ethical Aspects—Google Books. (n.d.). Retrieved October 8, 2021, from <https://books.google.com/books?hl=en&lr=&id=Zftko2UkAvcC&oi=fnd&pg=PA33&dq=assisted+outpatient+treatment+satisfied&ots=TYqfBhzNI0&sig=lfWnfb1MNcPW8IBx-2fJU4pgJepU#v=onepage&q=assisted%20outpatient%20treatment%20satisfied&f=false>

<sup>2</sup> Racial disparities in involuntary outpatient commitment: are they real? Jeffrey Swanson, Marvin Swartz, Richard A Van Dorn, John Monahan, Thomas G McGuire, Henry J Steadman, Pamela Clark Robbins. Retrieved February 19, 2024 <https://pubmed.ncbi.nlm.nih.gov/19414892/#full-view-affiliation-1>

AOT delivers outpatient treatment under a civil court order to a small, high-risk subset of individuals with severe mental illness (SMI). The court and the mental health system work collaboratively to assist individuals with SMI to engage in treatment and ensure that the mental health system is attentive to their needs. The order requires following an individualized treatment plan, designed with input from the AOT participant, and also orders the provider to continually work on engaging the AOT participant in treatment. It is monitored by the local mental health system. This allows time for lasting stabilization on medication and treatment.

In conclusion, the AOT program in SB453 addresses an unmet need in Maryland in caring for some of the sickest individuals. The arguments against AOT are filled with inaccuracies and present a case for maintaining the status quo which has failed this group of individuals for decades. Other states have made progress on this issue while we in Maryland, in an attempt to satisfy all advocates, have not implemented an evidence based practice. Maryland has completely neglected the needs of those who are the sickest and who, without AOT, continue to require costly services in the hospitals, jails, prisons and homeless shelters. **Please do not add amendments that will make it unworkable, full of loopholes, less effective or unavailable to many people who would need it. Please pass SB453 and give the sickest people something that they have long been denied in Maryland, a chance to recover.**