Testimony for HB 576

Health and Government Operations Committee Chair:
Date: February 14, 2024
From: Carolyn Knight, Olney, Montgomery County, 20832

POSITION: FAVORABLE

I am a registered nurse and 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.

One argument of opponents 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 from innate stubbornness, but one of the most diabolical symptoms of the brain disorder. 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 disease will–not–allow–it. The delusions and paranoia that result in an alternative reality are powerful and seductive. The sad irony is that we have treatments that work. In order to achieve wellness, one must have a period of treatment and stability to grasp the benefits resulting from treatment and avoiding relapse. AOT provides one path to serve those that cannot consistently engage voluntarily in available services, no matter how stellar those services are.

<u>And while we wait for the opponents of AOT to "engage" our loved ones, the consequences of non-treatment pile up: continued brain deterioration, repeat hospitalizations, homelessness, victimization, suicide, criminalization, and violence.</u>

An additional opposition claim is that the judicial court component of AOT does nothing to improve outcomes compared to enhanced services. The opposition cites research that includes pilot programs from over 2 decades ago and programs from other countries that were not at all comparable to present day AOT programs. Opponents never mention the <u>2010 research on New York's AOT program which showed that AOT is more effective than voluntary services alone in reducing hospitalization</u>. "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 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 showed robust positive outcomes for individuals: 78% reduction in Emergency Department visits, 85% reduction on hospitalizations, 44% reduction in incarceration, and 48% reduction in homeless nights. An impressive 91% of participants agreed with the statement, "I liked the services I received here."

The bottom line is that AOT works well for those who refuse or are unable to consistently engage in voluntary services. Unfortunately, the real option for them is not voluntary services but no services.

Some suggest that Maryland needs to study AOT more before implementing it.
I am sorry, but we have been there and done that:

- **2013** – The **Continuity of Care** panel was convened, a panel of experts with stakeholder input. I was one of those who attended the summer sessions at Spring Grove Hospital Center. The final report recommended that Maryland implement AOT.[1]
- **2014** – The **Outpatient Services Programs Stakeholder Workgroup** met for 2 months, studying evidence based Assisted Outpatient Treatment. Their report strongly recommended legislation to establish evidence-based Assisted Outpatient Treatment in Maryland.[2] Meanwhile the federal Substance Abuse and Mental Health Services Administration (SAMSHA) was also studying AOT and concluded that it is a valuable tool and currently administers grants to promote the development and expansion of these programs.[3]

In summary, we get much right in Maryland as we care for the neediest among us. I am proud of the robust services we currently have. 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 now 65 years old and as a result of court ordered treatment in another state, he was spared the ravages of decades of untreated psychosis.

SAMHSA's stated mission is to reduce the impact of substance abuse and mental illness on America's communities. Please give a favorable report for HB576 so Maryland will have the option of applying for SAMSHA grants to support this vital tool for patients like my brother.

Thank you,

Carolyn Knight, MSN, RN

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.