

February 14, 2024

Chairwoman Pena-Melnyk, Vice Chair Cullison, and distinguished members of the Health and Government Operations Committee,

The National Alliance on Mental Illness, Maryland requests a favorable report on HB576. NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families and the wider community.

HB576 would establish an Assisted Outpatient Treatment Program in the State of Maryland. Maryland is one of three states without this program that helps vulnerable people access lifesaving healthcare when they need it the most.

Assisted Outpatient Treatment (AOT) is a practice utilized in most states where civil courts may require participation in treatment for people with serious mental illness (SMI). AOT is for a very specific subset of individuals living with SMI that get caught in a cycle of recurring hospitalizations, incarcerations, and homelessness. Relying solely on voluntary engagement leaves out a small percentage of people that lack the insight into their own mental health condition necessary to engage in voluntary care. AOT was established in 47 states and D.C. to ensure that people who are experiencing the severest negative consequences of SMI participate in treatment.

NAMI MD believes that all people should have the right to make their own decisions about medical treatment. However, we're aware that a small percentage of people living with serious mental illnesses such as schizophrenia, bipolar disorder, and schizoaffective disorder at times, due to their illness, lack insight or judgment about their need for medical treatment. When people with SMI remain untreated, they are left to deteriorate needlessly. It is unacceptable for Maryland to remain one of only three states without this important piece in the continuum of care.

AOT, should be a last resort, only after people living with life threatening SMI have had every opportunity to engage in voluntary treatment. It is a less restrictive, more compassionate, and less costly treatment alternative to involuntary hospitalization.

AOT should be utilized when an individual:

- presents a danger to themselves or another;
- likely to substantially deteriorate if not provided with timely treatment and is unlikely to adequately adhere to outpatient treatment on a voluntary basis;
- lacks capacity, which means that, because of the nature of their serious mental illness, the person is unable to fully understand or lacks judgement to make an informed decision about his or her needs for treatment or care.

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We know that AOT works when it is done right. Opponents of AOT claim that it doesn't work, that it is coercive forced treatment. However, we've seen in states that have implemented AOT carefully, like New York, that it does work; both in improving medical outcomes and in reducing costly and harmful consequences of lack of treatment.

It is important to emphasize that this is not "forced" treatment. AOT is not forced care—it is a system to engage people in services and commit the mental health system to serve those most in need. If an individual does not comply with their treatment plan under AOT, they are not found in contempt of court. They do not face criminal charges.

AOT should be used judiciously for people who meet legal criteria like repeated hospitalizations and arrests, a history of non-participation with voluntary care, include strong due process, and more. Even in states that actively use AOT, relatively small numbers of people are under AOT orders. AOT is a missing piece of Maryland's continuum of mental healthcare. Ultimately, the goal of AOT is to help people take more active roles in their own care.

For these reasons, we urge a favorable report.