

February 28, 2023

Chairwoman Griffith, Vice Chair Klausmeier, and other members of the Finance committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

SB480 would authorize an Assisted Outpatient Treatment program in the state of Maryland. Maryland is one of three states without this program that helps individuals access health care when they need it the most.

Assisted outpatient treatment (AOT) is a practice used in most states where civil court orders mandate participation in treatment for people with serious mental illness (SMI). There is a specific subset of individuals suffering from severe mental illness that get caught in a cycle of recurring hospitalizations, incarcerations, and homelessness. Relying on voluntary engagement leaves a small percentage of people out that refuse to engage on their own volition. AOT was established to ensure that people who are experiencing severe negative consequences from serious mental illness participate in treatment.

NAMI believes that all people should have the right to make their own decisions about medical treatment. However, NAMI is aware that there are individuals with serious mental illnesses such as schizophrenia and bipolar disorder who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. When people with severe mental illness remain untreated, they are left to deteriorate needlessly. People need treatment to be supplied when they cannot choose it for themselves.

Civil-court ordered treatment, or AOT, should be a last resort, considered only after efforts to engage people voluntarily in treatment have been tried and have not succeeded. It should be seen as a less restrictive, more beneficial, and less costly treatment alternative to involuntary inpatient treatment.

AOT should be utilized when an individual:

- presents a danger to themselves or another;
- is likely to substantially deteriorate if not provided with timely treatment;
- lacks capacity, which means that, because of the serious mental illness, the person is unable to fully understand or lacks judgment to make an informed decision about his or her needs for treatment, care, or supervision

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 outcomes and in reducing costly and harmful consequences of lack of treatment—including, but not limited to hospitalizations, homelessness, and arrests. Additionally, as outlined in the fiscal note, there is an initial increase of cost when implemented, but AOT does not result in long term increases of costs because of the reductions in other costly outcomes—such as hospitalizations or imprisonment.

It is important to emphasize that this is not forced treatment. Maryland must still meet the legal criteria for medications over objections set forth in state law. 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 under AOT, they are not found in contempt of court. They do not face criminal charges. Instead, they may be brought in for emergency evaluation to see if inpatient treatment is necessary.

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 tool that Maryland needs. 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.