

SB480 Testimony

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Position: SUPPORT

Passing AOT is a personal matter to me. I have family members who have or are suffering from severe mental illness and have tried to help my loved ones for decades. I have watched as family members go to the hospital (because of being a danger to themselves and possibly others), only to be discharged the same day, or after a few days, even a week, and return with little or no improvement in outcome.

AOT would help those who suffer from severe mental illness and their families get much needed and effective community resources. AOT would reach out to people who experience symptoms (such as delusions, hallucinations, paranoia, anxiety, hearing voices, or extreme mood changes) and often have no insight into their illness or the need for treatment. They often refuse treatment or are unwilling to access treatment.

AOT would help family members who have tried to help, but are overwhelmed by a system that lacks sufficient pathways to get help. Often crises emerge that lead to hospitalization, but such stays are short and patients are discharged after several days with only a prescription and follow-up suggestions to seek treatment. AOT could help to get treatment before hospitalization and to reduce hospital visits.

The societal benefits of AOT would include reducing the number of police responses in the community, the number of hospital visits (in an already overwhelmed system), the number of inpatient stays, and the number of arrests and incarcerations. Studies have found that AOT is effective, and that it reduces costs of treatment. Providing AOT and resources for treatment teams would be a benefit to many in Maryland.

I urge that the committee prepare a favorable report on AOT.